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FIGHTING METHAMPHETAMINE IN THE HEARTLAND: HOW CAN THE FEDERAL GOVERNMENT ASSIST STATE AND LOCAL EFFORTS

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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FIGHTING METHAMPHETAMINE IN THE HEARTLAND: HOW CAN THE FEDERAL GOVERNMENT ASSIST STATE AND LOCAL EFFORTS

FRIDAY, FEBRUARY 6, 2004

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

The subcommittee met, pursuant to notice, at 10:05 a.m., in the Elkhart City Council Chambers, 229 South Second Street, Elkhart, IN, Hon. Mark Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder and Chocola.

Staff present: Nicholas Coleman, professional staff member and counsel; and Nicole Garrett, clerk.

Mr. SOUDER. The subcommittee will now come to order. Good morning. Thank you for being patient as we are setting up here.

Let me kind of briefly, before I do my normal opening statement, describe a little bit what this subcommittee is. It is the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, and I chair this.

We have many agencies that we do oversight—HHS, Department of Health & Human Services, Department of Education, Department of Justice, Department of Commerce, Department of Housing & Urban Development are all under our subcommittee. We spend about 50 percent of our time and staff on narcotics policy. It is the main narcotics committee in the U.S. Congress. We not only have oversight over any department, whether it is Defense, State Department, DEA, whatever the agency is, on narcotics policy. We also authorize, which means we write the laws that relate to the Office of National Drug Control Policy [ONDCP], commonly known as the drug czar's office, in addition to the community action funds that go through our committee—COPS, Drug Free Workplace, a lot of different bills move through. So we are unusual in that we are authorizing and oversight on narcotics policy.

We do many different hearings and this one is focused on meth. On Monday, we will be in Florida on Oxycontin where last fall they had something like 10 deaths in the high schools in just a couple of weeks and much of the center of the Oxycontin addiction problem is there, so we will be there on Monday.

We deal with lots of different issues. In a little over 2 weeks, we will be doing a hearing on the heroin problem coming out of Af-

ghanistan in Washington. But that gives you kind of an idea of the range of this.

Also, in our House Rules, you are supposed to have a majority and a minority Member unless the minority is going to waive. We have a very collegial atmosphere in our committee, that meaning we get along very well and Elijah Cummings, the ranking Democrat, with the Congressional Black Caucus, is a close friend of mine and we work together on the different hearings. He gives me a lot of flexibility, he does not like to travel as much and so he is willing to give me a waiver, we do so on multiple hearings. He has been in Fort Wayne with me as well as Congressman Davis. Congressman Davis would have been here except for the Democratic retreat this weekend and they decided that they had better show party loyalty as opposed to loyalty to me today. But I appreciate their willingness to go along to work on the narcotics issues on a bipartisan basis in the U.S. Congress. They too are very concerned about meth, even though meth is not the biggest challenge. The Democratic members on my committee are mostly from urban big cities and meth is not the biggest challenge in their cities, but they are supportive in helping us tackle problems that are more in our districts just like we try to help them. Elijah represents the city of Baltimore, which is one of the highest drug abuse areas for cocaine and heroin, among other things, and we are trying to work with him.

With that, it is a pleasure to have you at this hearing in Indiana. I would like to thank you all for coming. This hearing continues our subcommittee's work on the problem of methamphetamine abuse, a problem that has been ravaging our region, our State and our Nation.

Meth is among the most powerful and dangerous drugs available. It is also relatively easy to make from common household or agricultural chemicals and simple cold medicines. It comes from two major sources of supply. The most significant source comes from the superlabs in California and northern Mexico. Most meth in Indiana comes from those superlabs as well, even though what we read about are the small labs. These superlabs account for over 70 percent of the Nation's supply of meth. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small local labs that are generally unaffiliated with major trafficking organizations. These labs have proliferated throughout the country, particularly in the Midwest. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and the health hazard they create make them a serious problem for local communities, particularly the State and local law enforcement agencies charged with the duty to uncover and clean them up. In Indiana, for example, more than 20 percent of the labs raided by police were discovered only after they had exploded and started fires. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used in drug manufacturing.

By the way, our first major meth hearing was I believe about 5 years ago where Congressman Mica and I went to northern California after a lab blew up and killed a young daughter and led to the creation of California's legislation that made having a meth lab where children were present a crime in California. Other States ought to be doing that. They have had lots of child deaths, particularly from these superlabs.

Our previous hearings, held in Washington, have looked at the problem from a national perspective, but today, and at those hearings on the national perspective, we had testimony from the States. Indiana is not the highest, we are increasing and we are high, but the highest are actually Arkansas and Missouri after California and Hawaii, which is up almost as high as Arkansas and Missouri. We have had testimony from those States in Washington and we are looking at doing more field hearings as we look at the meth problem there. For example, Hawaii got a $2 million supplemental to try to tackle their health problems in the recent budget, related to methamphetamine.

Our previous hearings, held in Washington, looked at from a national perspective, but today we are going to look at a specific region that has been hard hit by meth trafficking and abuse right here in northeastern Indiana. In Indiana alone, the State Police reported that 1,260 drug labs were raided in 2003, up 26 percent from the 998 seized in 2002. And most of those labs were meth labs. The problem is particularly severe in our rural areas, where meth cooks can steal precursor chemicals like anhydrous ammonia from local farmers, and then manufacture the drug in secrecy. Major meth trafficking organizations have also made inroads. Roman J. Montero and Cesar Anguiano, for example, were recently sentenced for running the largest meth trafficking organization in Indiana history.

The Federal Government has responded to the meth problem both here and elsewhere with stricter laws against the precursor chemical trade, tougher enforcement, and farsighted treatment and local assistance initiatives. The growth of the problem has spurred calls for further action. Most proposals have focused on the need to assist local law enforcement in finding and cleaning up numerous small meth labs. A well-balanced approach, however, will have to address both the smaller labs and the major traffickers that supply most of the Nation's meth. The Federal Government must also find new ways to help States and local communities provide treatment for meth addicts, and prevent meth abuse from starting in the first place. Outreach to treatment providers, schools and pharmacists is crucial to success. We will hear from Superintendent Carraway about the $700,000 that just passed the Senate. We passed it in the House in December and the Senate passed it in January for $700,000. I believe it is for Indiana and how we might use that money on the meth issue.

One proposal, offered by our colleague Congressman Doug Ose, provides for a broad range of initiatives aimed at the meth problem. Among other things, H.R. 834 would provide funds to help States and localities find and clean up meth labs, including expanding assistance under the Community Oriented Policing Services [COPS] grant program. Additional resources for treatment and

prevention at the local level are also made available. I am a cosponsor of this bill and strongly support it.

This hearing will address these and other potential solutions to the difficult issues surrounding the meth problem here in Indiana. I first want to thank Congressman Chris Chocola for joining us today. I am actually joining him, this particular spot is in his district, and I appreciate him hosting us here and for the assistance that he and his staff provided for our subcommittee in setting up this hearing.

We also welcome two witnesses who have joined us to discuss the Federal Government's response to the meth problem: Mr. Scott Burns, Deputy Director for State and Local Affairs at the White House Office of National Drug Control Policy, and Mr. Armand McClintock, Assistant Special Agent in Charge at the Indianapolis District Office of the Drug Enforcement Administration.

At a hearing like this, it is vitally important for us to hear from the State and local agencies forced to fight on the front lines against meth and other illegal drugs. We welcome Mr. Melvin Carraway, superintendent of the Indiana State Police, who we all see at the gas pumps every day; Mr. Curtis Hill, prosecuting attorney for Elkhart County; Mr. Bill Wargo, chief investigator at the Elkhart County Prosecuting Attorney's Office; Detective Daniel Anderson of the Starke County Sheriff's Department; Corporal Tony Ciriello of the Kosciusko County Sheriff's Department; Mr. Kevin Enyeart, the Cass County prosecutor; Mr. Doug Harp, chief deputy of the Noble County Sheriff's Office; and Sergeant Jeff Schnepp of the Logansport-Cass County Drug Task Force.

We also welcome three witnesses whose work in the field of drug treatment and prevention is of vital importance here in northeastern Indiana: Mr. Brian Connor, acting executive director of the Center for the Homeless in South Bend; Mr. Barry Humble, executive director of the Drug & Alcohol Consortium of Allen County; and Mr. Benjamin Martin of Serenity House, Inc.

We thank everyone for taking the time to join us this morning, and look forward to your testimony.

With that, I would like to yield to my friend, Congressman Chocola.

Mr. CHOCOLA. Thank you, Mr. Chairman, and thank you very much for taking the initiative to hold this very important hearing on a very important topic.

I would also like to thank all the witnesses for joining us today and braving our beautiful Indiana weather. It is always a great thing to have people get up in the morning and slush through the snow.

But this is a very important issue. It is hard to pick up a paper in the morning and not see a report on a meth lab that was raided or someone picked up for dealing or usage of methamphetamine.

I have only been in Congress a year, and just since I have been in Congress, I have seen that it is a growing problem that is faced in essentially every community in my district and I do not think my district is unique. My district is relatively rural and working with local law enforcement officials, we see that it is an ever-increasing problem every single day.

I think last year there were over 1,200 meth labs confiscated, and that was a large increase over the year before. So it is an ever-increasing problem.

I guess it is good news that we are finding more, but the bad news is probably that there are more that we do not know exist. And that is growing every day.

So it is clearly going to take cooperation between local, State and Federal officials to address this problem and I think rectify the situation. I think we are very fortunate today to have representatives from every perspective on how we can effectively address the problem.

So thank you again for coming. Thank you, Mr. Chairman, for having the hearing today and I look forward to the testimony.

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

Second, I ask unanimous consent that all Members present be permitted to participate in the hearing. Without objection, it is so ordered.

Let me explain one other thing. Mr. Burns and Mr. McClintock are both familiar with this, the rest of you may think this is a little strange, so let me explain this. It is the standard practice of this committee, because we are an oversight committee, to swear in all of our witnesses. To put in context what Government Reform oversight does, we are the people who did the Waco hearings, the Chinagate, who hired Craig Livingstone, where were the FBI files, and it is one of the only committees that has actually prosecuted people for perjury. So tell the truth today. [Laughter.]

We are actually not going to do that. So if each of the witnesses would stand and raise your right hands. Just the first panel. We will do it one panel at a time.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that both the witnesses responded in the affirmative.

I appreciate that you battled through the snow yesterday to come in from Washington, Mr. Burns, and up from Indianapolis, Mr. McClintock, and we appreciate that you can help give us a national perspective on this. And we will start with Mr. Burns, who has been a leader for quite awhile over in the National Drug Control Policy Office. He travels all over the country meeting with different locations, with leaders and particularly on our borders and our HIDTAs, and we appreciate you coming today.

STATEMENTS OF SCOTT BURNS, DEPUTY DIRECTOR FOR STATE AND LOCAL AFFAIRS, OFFICE OF NATIONAL DRUG CONTROL POLICY; AND ARMAND MCCLINTOCK, ASSISTANT SPECIAL AGENT IN CHARGE, INDIANAPOLIS, IN, DISTRICT OFFICE, DRUG ENFORCEMENT ADMINISTRATION

Mr. BURNS. Thank you, Chairman Souder, Congressman Chocola, and distinguished staff members of the subcommittee. I want to thank you for the opportunity to testify about the use, trafficking and production of methamphetamine in America. I intend to keep

my verbal testimony relatively brief and I would ask that the written statement I prepared be entered into the record.

Mr. SOUDER. So ordered.

Mr. BURNS. Thank you.

I would also like to thank you, Mr. Chairman, for your leadership in Congress, not only dealing with these issues on a national and international basis, counter-narcotics issues, but for your strong voice for rural America. I would also like to thank you, Congressman Chocola, for your strong leadership and support of counter-narcotics issues in Washington.

You talked about slushing through the snow, I am especially glad to be here with you today in Indiana, part of the heartland of this Nation. Before going to the White House and before going to Washington, I was a prosecutor elected in my hometown of Cedar City, UT in Iron County, about the size of Cass County, where I served for 16 years. And methamphetamine hit, as you know, the western part of the United States in the mid and late 1980's and I have been dealing with this issue for some time.

Like my fellow prosecutors and law enforcement officers here in Indiana, I have seen first-hand the damage that methamphetamine labs cause to a community. And like my fellow prosecutors here today, Curtis Hill and Kevin Enyeart, I have worked with officers through the night processing meth labs and gathering evidence and left them to wait hours for a meth cleanup company to arrive, taking its toll on overtime and precious budget dollars. And like my fellow prosecutors and law enforcement officers here in Indiana, I have seen the destruction and toll methamphetamine takes on lives and children and families.

And like many here today, Mr. Chairman and Congressman Chocola, I have struggled to come up with a strategy and commensurate funding to deal with this drug in a rural setting.

I think it is important initially to recognize that methamphetamine poses a different sort of threat than marijuana, cocaine or heroin. On the one hand, nationwide, use of methamphetamine in America is still much lower than marijuana and cocaine, and just as heroin seems to be a more significant threat in some regions, for example the northeast, in other parts of the Nation, we know that methamphetamine has struck particularly hard in not only the west and midwest part of our Nation, but in rural areas.

As we seek to disrupt the market for methamphetamine, it is instructive to look at where it is coming from. As you have stated, Mr. Chairman, we know on a national basis that the small labs, by sheer number, are the greatest, which usually produce the smaller amounts of methamphetamine. At least 80 percent—our numbers at the White House—of methamphetamine circulating in America is a product of the superlabs that you have seen first-hand, defined as a lab capable of producing more than 10 pounds of methamphetamine in a production cycle. Some of these labs are found within our borders, some outside, especially in Mexico, but they constitute the most serious production threat for America.

Our Federal enforcement efforts are focused on coordinating intelligence and enforcement efforts to take down the largest methamphetamine labs. At the same time, the smaller labs pose a seri-

ous threat to the environment as well as to the most innocent of our society, our children.

Where methamphetamine labs exist, children who live in or near them have been found with serious and life-threatening burns and other serious health risks by exposure to the chemicals. In response to this problem, the Bush administration is proud to have done several things to initiate and buildupon the DEC, or Drug-Endangered Children Program, which we are underway trying to take nationwide. Treatment and early intervention programs to include drug court and treatment facilities, specifically designed to deal with methamphetamine. The National Methamphetamine Chemical Initiative that is working on a national and international basis to bring together the women and men in the field that are actually working methamphetamine cases. They discuss trends, best practices, how to stop the flow of precursors into the United States, and all other issues specifically relevant to methamphetamine. It is an initiative funded through the High Intensity Drug Trafficking Area and it is an attempt to bring the men and women that are actually working on methamphetamine cases together semi-annually.

Mr. Chairman, Congressman Chocola, the HIDTA program, which has several hundred initiatives, has 300 specifically aimed at methamphetamine. That is, initiatives directly dealing with this issue, and that is more than any other drug.

And while there are additional and important efforts by DEA, which Mr. McClintock I am sure will address and OCDETF and U.S. Attorneys and others on the Federal level, I do not need to tell you that 94 percent of law enforcement in this country is State and local, 98 percent of all drug cases in this country are prosecuted by State and local prosecutors. So it is not an issue that the Federal Government alone can have success.

I applaud you for bringing this hearing to an area representing hundreds of towns and cities and counties that are dealing with the problem of methamphetamine as we speak. Again, I thank you for the opportunity to appear before you in my current capacity with the Bush administration and I am happy to answer any questions you may have about our anti-methamphetamine efforts, both in major cities and more important today, in America's heartland.

Thank you.

Mr. SOUDER. Thank you.

Mr. McClintock runs the Indianapolis office of DEA. We are thrilled to have an outpost in Fort Wayne as well as Evansville now in Indiana and we hope it will continue to expand. Having those types of posts has enabled us to find not just how to pick up the daily user that we see and the small time guys, but we are able to trace this back to get the bigger organizations and the DEA has been a tremendous help in Indiana in doing that.

[The prepared statement of Mr. Burns follows:]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, DC 20503

Statement of Scott Burns
Deputy Director for State and Local Affairs
White House Office of National Drug Control Policy
Before the House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources
"Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts?"
February 6th, 2004

Chairman Souder, thank you for affording me the opportunity to appear before you today to discuss the problem of methamphetamine in America. As a former prosecutor in a small town, I am well acquainted with the toll that methamphetamine takes on a community. For an individual, the use of methamphetamine is eventually devastating to one's mind, body, and potential. Collectively, the criminal activity, environmental and economic harm, and danger to children that results from methamphetamine use and production make the drug a significant threat in communities where it is found.

My testimony today contains two parts. First, I will briefly outline the extent of the methamphetamine problem, including what we know about who is using it, how it affects the user, where it comes from, and the impact on local communities, including the lasting impact of toxic methamphetamine labs. Second, I will describe the government's approach to methamphetamine within the context of the President's *National Drug Control Strategy*. Much of the burden of tackling methamphetamine falls on the shoulders of state and local agencies, so I will also address federal support of state and local governments.

Methamphetamine: Extent of the Problem

The reasons for methamphetamine's growing popularity stem not only from the immediate effect upon the user – which I describe below – but also the relative ease of attaining the chemicals to manufacture methamphetamine and sell it for profit.

Like any drug, we know that people use methamphetamine for a very simple reason: it makes them feel good, at least in the immediate, short term. Users have described the initial allure of methamphetamine as the short, intense rush followed by a sense of euphoria, extra energy, increased libido, and sense of invulnerability lasting up to eight hours.

The medium and long term effects of methamphetamine, however, are nothing short of devastating. Methamphetamine users begin to exhibit nervousness, paranoia, schizophrenia-like symptoms, irritability, confusion, and insomnia. Along with increased use comes the propensity for violence, erratic behavior, and often – partly due to association with other methamphetamine users – fraudulent activity such as identity theft, forgery conspiracies, and car theft. There are few more cruelly efficient means of aging an individual than using methamphetamine. Law enforcement and treatment providers report chronic

Percentage Reporting Methamphetamine Use (2002 National Survey on Drug Use and Health)

Age	Lifetime	Annual	Past 30 Days
12–17	1.5	0.9	0.3
18–25	5.7	1.7	0.5
26 or older	5.7	0.4	0.2
12+ (Total)	5.3	0.7	0.3

methamphetamine users in their twenties who – in addition to having wrinkled, leathery skin, few teeth left, and open sores – appear to be in their fifties.

Psychologically, withdrawal from methamphetamine produces depression that can last for months. Both current and former methamphetamine users can exhibit psychotic symptoms that persist for years after the use has ended.

Scope of the National Methamphetamine Threat

Recent years have seen a significant rise in the use of synthetic drugs, a worldwide trend implicating Europe, China, Thailand, and other countries. In the United States, the synthetic drug market has centered around methamphetamine and MDMA (Ecstasy). Methamphetamine use has been migrating from the West Coast eastward, leaving devastating social consequences wherever it takes hold.

According to the 2002 National Survey on Drug Use and Health, over 35 million U.S. residents (about 14.9% of the population) used an illicit drug sometime within the past year. Of these, approximately 1.5 million reported using methamphetamine during the year (representing 0.7% of the population), and about 12.4 million U.S. residents over the age of 12 had used methamphetamine at least once in their lifetime (representing 5.3% of the population).[i]

According to the Drug Abuse Warning Network's annual emergency department (ED) report, there were 670,307 drug abuse-related ED episodes in the U.S. during 2002 with 1,209,938 total drug mentions. Methamphetamine was mentioned 17,696 times in these ED episodes.[ii]

One of the most interesting aspects of the methamphetamine threat is its lack of national uniformity. Simply put, according to the National Drug Intelligence Center, in some areas of this country, methamphetamine use and production is not classified as a significant problem. Yet in other regions, it is a significant threat. The majority of reporting law enforcement agencies in the Pacific, West Central, and Southwest regions identify methamphetamine as their greatest drug threat. By contrast, very few law enforcement agencies in the Florida/Caribbean, Mid-Atlantic, New York/New Jersey and New England regions have identified methamphetamine as a primary threat. While there is also some level of disparity nationwide with respect to the marijuana, cocaine, and heroin threat, the difference is not as stark as with methamphetamine.

With respect to the State of Indiana, methamphetamine abuse is a growing threat, and abuse has spread from rural to more urban areas. Health officials indicate that the drug is mostly used by middle class, blue-collar Caucasians, but is increasing in popularity among youth. Much of the methamphetamine consumed in Indiana is generally manufactured in Mexico or the southwestern states and transported into Indiana. Local methamphetamine distributors (Nazi Labs) produce a higher purity product (30-40 % purity level), but do not produce large enough quantities to support wholesale distribution. Small individual operators produce enough methamphetamine for personal use, friends, and limited sales. Nazi labs, usually constructed in bars or residential homes, produce enough for retail distribution.

Methamphetamine Production and Trafficking: Who is Responsible?

Unlike cocaine and heroin, which are rarely produced domestically, methamphetamine is both imported into the United States and produced domestically. We know that transnational drug trafficking organizations, and especially those headquartered in Mexico, are responsible for the importation, and much of the distribution of, methamphetamine within the United States. While some of these organizations are headquartered outside of the United States, they actually operate "super-labs" within our borders. These are often poly-drug organizations which are served by a vast network of transporters, distributors and money brokers who distribute not only methamphetamine, but also cocaine, heroin, marijuana and MDMA throughout America.

Although the sheer number of small, toxic laboratories (STLs) found throughout the United States is greater than the number of super-labs, the latter are actually responsible for the greater share of methamphetamine being used and distributed throughout our nation.

The most common ingredient in methamphetamine is pseudoephedrine. STLs typically divert the pseudoephedrine from pharmacies and discount stores. The large, Mexican-controlled super-labs that make large quantities of methamphetamine for importation and distribution, however, get much of their pseudoephedrine from or through Canada. My testimony will address our efforts to work with Canada to deprive producers of easy access to bulk quantities of pseudoephedrine.

With respect to domestic production, there are essentially four reasons that methamphetamine is produced within our borders. The first is simply the market phenomenon of continuing demand as use increases. The second is the ease of attaining information on making methamphetamine – recipes, techniques, and sources are all easily accessible on the Internet, and books on the subject can easily be ordered online. The third is the ease of purchasing the ingredients for making methamphetamine within the United States. The fourth reason is more subtle. For users and dealers, cooking methamphetamine has developed into a social activity where methamphetamine users can share information on methods of cooking and using methamphetamine, who in the "meth world" may be working undercover for police, and what sort of criminal enterprises, such as identity theft, may be feasible to enable the illegal acquisition of the ingredients used in methamphetamine.

Methamphetamine: More Than Just A Drug

Methamphetamine, like marijuana, cocaine, and heroin, causes harm to more than just the user. However, methamphetamine is unique in the extent to which the manufacturing process itself causes harm to neighbors, the environment, property values, and tragically, to innocent victims such as young children.

Environmental damage

Methamphetamine is fundamentally an adulterated mixture of pharmaceutical extracts with poisonous materials. The ingredients in methamphetamine are found in over-the-counter cold medicines and diet pills, household products like lithium camera batteries, matches, tincture

of iodine, and hydrogen peroxide. Flammable household products, including charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits, are often used in the production process. Corrosive products, such as muriatic acid, sulfuric (battery) acid, and sodium hydroxide from lye-based drain cleaners, also may be used. In rural areas where anhydrous ammonia is used as a fertilizer, farmers are increasingly finding their ammonia tanks have been tapped by "cooks" using this highly toxic chemical to produce methamphetamine. These chemicals are not only flammable and corrosive – they are poison. Any property owner whose rental has been converted into a toxic methamphetamine lab knows of the long, expensive process required to make the location safe and habitable again. Because the cost is many thousands of dollars, buildings may actually have to be razed and rebuilt after a methamphetamine lab has been discovered. Some 15% of methamphetamine labs in this country are discovered as the result of an explosion or fire at the lab – a further risk to nearby innocent property owners.

Associated Criminal Activity

Additionally, law enforcement in this country has identified a trend associated with the domestic manufacture of methamphetamine: in areas where methamphetamine manufacturing is increasing, so also are car thefts, forgeries, and especially identity theft incidents. Law enforcement in these areas report that this correlation appears to exist with more frequency than with cocaine, heroin or marijuana use or trafficking.

Chemicals Used in Methamphetamine Production

Chemical	Hazards
Pseudoephedrine	Ingestion of doses greater than 240 mg. causes hypertension, arrhythmia, anxiety, dizziness, and vomiting. Ingestion of doses greater than 600 mg. can lead to renal failure and seizures.
Acetone/Ethyl Alcohol	Extremely flammable, posing a fire risk in and around the laboratory. Inhalation/ingestion causes severe gastric irritation, narcosis, or coma.
Freon	Inhalation can cause sudden cardiac death or severe lung damage. Corrosive if ingested.
Anhydrous Ammonia	Inhalation causes edema of the respiratory tract and asphyxia. Contact with vapors damages eyes and mucous membranes.
Red Phosphorus	May explode on contact or friction. Ignites if heated above 260°F. Vapor from ignited phosphorus severely irritates the nose, throat, lungs, and eyes.
Hypophosphorus Acid	Extremely dangerous substitute for Red Phosphorus. If overheated, deadly phosphine gas is released. Poses a serious fire and explosion hazard.
Lithium Metal	Extremely caustic to all body tissues. Reacts violently with water and poses a fire or explosion hazard.
Hydriodic Acid	A corrosive acid with vapors that are irritating to the respiratory system, eyes, and skin. If ingested, causes severe internal irritation and damage that may cause death.
Iodine Crystals	Gives off vapor that is irritating to respiratory system and eyes. Solid form irritates the eyes and may burn skin. If ingested, it will cause severe internal damage.
Phenylpropanolamine	Ingestion of greater than 75 mg. causes hypertension, arrhythmia, anxiety, dizziness. Quantities greater than 300 mg. can lead to renal failure, seizures, stroke, and death.

Source: US Department of Justice, *Information Bulletin: Children at Risk (7/2002)*

Methamphetamine: Innocent Victims

Recently, the Department of Justice published an important report regarding children who have been raised in homes where methamphetamine labs were discovered. The results, while preliminary, are disturbing. Along with an increase in methamphetamine labs was an increase in children found present at the lab sites – most of whom resided at the residence where the lab was found. The inherent dangers to children being raised at or near a methamphetamine lab are severe: inhalation or ingestion of toxic substances including methamphetamine, accidental injection or prick by discarded needles or other paraphernalia; and severe illness after the ingestion of chemicals. Further, children at methamphetamine labs are more likely to be physically and sexually abused by members of their own family and other individuals at the site.

While withdrawing from a methamphetamine high, some parents fall into a deep sleep for days, during which time their children suffer from neglect, chemical exposure, hunger, and further abuse by other methamphetamine-using individuals. And in some cases, children have died as a direct result of exposure to the toxicity of a methamphetamine lab.

Number of Children Involved in Meth Lab-Related Incidents, United States
(El Paso Intelligence Center – U.S. Department of Justice)

	2000	2001	2002	2003*
Number of incidents	8,971	13,270	15,353	14,260
Incidents with children present	1,803	2,191	2,077	1,442
Children residing in labs	216	976	2,023	1,447
Children affected**	1,803	2,191	3,167	3,419
Children exposed to toxic chemicals	345	788	1,373	1,291
Children taken into protective custody	353	778	1,026	724
Children injured; killed	12; 3	14; 0	26; 2	44; 3

*The 2003 figure for the number of incidents is calendar year, while the remaining data in the column are for fiscal year
**Data for 2000 and 2001 may not show all children affected

DISRUPTING THE METHAMPHETAMINE MARKET: THE FEDERAL RESPONSE

The President's *National Drug Control Strategy* aims to reduce use of all drugs in America by 25% within five years. While not focused exclusively on any specific illicit drug, the *Strategy* recognizes methamphetamine as one of the primary drug threats to America. Within the *Strategy* are three priorities: 1) stopping drug use before it starts, 2) healing America's drug users, and 3) disrupting drug markets. Recent data shows that with respect to youth aged 12-17, the President's goal of reducing drug use by 10% over two years was exceeded by one percentage point – good news for all Americans.

As a government faced with the challenges of punishing dangerous criminals and taking methamphetamine off the street, we are working hard to ratchet up costs to both the trafficker and the methamphetamine cook at a tempo that prevents the methamphetamine trade from adapting to new pressures or continuing its eastward expansion.

One of the flagship initiatives of this administration which cuts across agencies and programs such as the Drug Enforcement Agency, the Organized Crime Drug Enforcement Task Force and High Intensity Drug Trafficking Areas, is the Priority Targeting Initiative. Most of the priority drug trafficking organization (DTO) targets are poly-drug in nature, and respond to market forces – such as the demand for methamphetamine. For FY 2005, the administration is requesting $34.7 million for the Priority Targeting Initiative, which includes 256 positions to further DEA's plan for addressing the nation's illegal drug threats. This initiative will target priority DTOs involved in the manufacture and distribution of illegal drugs, including those involved in the diversion of precursor chemicals used to manufacture methamphetamine. With respect to OCDETF, the proposal includes $9.6 million for 113 positions, including 71 U.S. Attorneys, to address staffing imbalances and ensure we can prosecute those we arrest. The request also includes $6.3 million and 60 positions (26 agents) to expand the capacity of the drug intelligence fusion center, which would advance investigations of command and control targets linked to the Attorney General's priority targeting list. With respect to HIDTA, in FY 2003, Consolidated Priority Organizational Target (CPOT) initiatives received $16.5 million in funding, and of these initiatives, two were solely methamphetamine-related, and seven were poly-drug. Of the seven poly-drug initiatives, we classify four as having included a methamphetamine focus.

Of the original 53 priority drug targets, nine were listed as either methamphetamine distributors or poly-drug traffickers who deal in methamphetamine and other drugs. The new CPOT list has 40 targets.

With respect to agency activities related to methamphetamine, the various activities of the federal government include:

Drug Enforcement Administration

I am joined today by an official from the Drug Enforcement Administration. In order to avoid overlapping with his testimony, I will be brief with respect to the DEA's role in attacking the methamphetamine problem. In summarizing the Federal government's efforts to stem the spread of methamphetamine, however, I would note that the DEA is the lead agency in our drug enforcement efforts to investigate, dismantle, and apprehend for prosecution the members of drug trafficking organizations trafficking in methamphetamine.

The DEA's role is multifaceted with respect to methamphetamine: in addition to the identification and investigation of methamphetamine manufacturers and trafficking organizations, DEA plays an important role in providing support to state and local agencies regarding investigations, hazardous waste removal, prevention, public awareness, and training. Additionally, DEA regulates various chemicals such as iodine, phosphorous and iodine tincture that are used in the manufacture of methamphetamine.

Methamphetamine Prosecutions and OCDETF

Following up an investigation and arrest with the prosecution and sentencing of methamphetamine manufacturers and traffickers is a key part of our *National Drug Control Strategy*. Generally, the 93 United States Attorneys and their Assistant United States Attorneys have the responsibility of providing this follow-through on methamphetamine prosecutions. In FY 2002, there were 2,171 federal cases filed related to methamphetamine, against a total of 4,208 defendants. In addition, there were approximately 100 major methamphetamine lab cases filed. Together, these constituted 12% of all federal drug cases filed in the United States in that year.

Within the context of major drug prosecutions, the Department of Justice's OCDETF program provides a framework for federal, state, and local law enforcement agencies to work together to target well-established and complex organizations that direct, finance, or engage in illegal narcotics trafficking and related crimes. The amount appropriated for FY 2004 OCDETF is $550.6 million. The President's Budget request for FY 2005 is $580.6 million.

With respect to OCDETF-led activity reported in FY 2003, reports indicate that there were at least 79 methamphetamine organizations disrupted (6%, responsible for about 4,830 kilograms of methamphetamine each year) and at least 142 methamphetamine organizations dismantled (11%, responsible for about 7,250 kilograms of methamphetamine each year). In FY 2003, the government initiated 180 new OCDETF investigations against methamphetamine organizations - approximately 26% of all OCDETF investigations. Additionally, there were 14 new cases in FY 2003 (2% of investigations) involving precursor chemicals. The Great Lakes and West Central OCDETF regions have recently developed methamphetamine strategies related to the goal of attacking methamphetamine and poly-drug networks.

Methamphetamine at the Border

Agencies with responsibilities for protecting our borders continue to see the influx of methamphetamine into our nation. The seizure statistics on the preceding page shows all federal methamphetamine seizures and specify arrival zone and Southwest Border seizures from 1997 to 2002.

HIDTA

The HIDTA program was created in 1990 to focus law enforcement efforts on the nation's most serious drug trafficking threats. Each year, the 28 HIDTAs submit a variety of drug trafficking initiatives for review and funding approval. As indicated at the beginning of my testimony, methamphetamine is a serious threat in some regions (and hence for some HIDTAs), but in other areas such as New England, the methamphetamine threat is negligible, and the HIDTA focuses on other drugs. Regardless of the HIDTA, the program nationwide is refocusing on the highest priority trafficking organizations – the wholesale distributors and command-and-control targets.

In FY 2003, the HIDTA program approved over 500 initiatives nationwide. Of these, some 300 initiatives directly related to a specific drug or drugs (as opposed to, for example, money laundering, intelligence, or law enforcement training); some 150 initiatives were poly-drug – many involving methamphetamine. Of the remaining initiatives approved for funding, nearly 80 were focused solely or primarily on methamphetamine – more than were focused on any other single drug by itself.

A few examples of how the HIDTA program is responding to the methamphetamine threat in America include:

- **Central Valley HIDTA**: In May of last year, agents from a Central Valley HIDTA (California) task force responded to a reported methamphetamine laboratory fire in a rural area of Madera County, California. Agents discovered evidence of laboratory activity in the residence in front of the workshop: approximately six pounds of finished methamphetamine that had been converted to "ice" crystals (worth up to $78,000), iodine crystals, approximately twenty pounds of red phosphorous, and other chemicals used in methamphetamine production. An assault rifle, two semi-automatic hand guns and a microwave wireless surveillance system with a monitor and antenna were also found in the house. Additionally, in July of this year, upon serving a search warrant in Goshen, California, two Central Valley HIDTA task forces recovered twenty-five pounds of methamphetamine. Two children were also removed from the residence and placed with Child Protective Services. The methamphetamine seized from the residence, if diluted by 80%, would have represented about $4.5 million – a sizable profit for an investment of less than $75,000.

- **Hawaii HIDTA**. A Hawaii HIDTA-led investigation identified members of an organization operating in North Carolina, Utah, California, Hawaii, Tonga, Fiji, New Zealand, and Australia. A portion of the investigation culminated with the execution of 47 arrest warrants, 30 search warrants, and 13 seizure warrants in Utah, California, Hawaii, and Alaska. In addition, more than $700,000 in cash, three pounds of cocaine, 10 pounds of crystal methamphetamine, several pieces of real property, and 15 vehicles were seized.

- **National Methamphetamine Chemical Initiative**. HIDTA also funds the National Methamphetamine Chemical Initiative (NMCI), and in FY 2003, provided over $500,000 in support. This initiative was established and is funded through the Southwest Border HIDTA – California Partnership. The National Methamphetamine Chemical Initiative targets domestic methamphetamine production by fostering nationwide sharing of information between law enforcement agencies and providing training to investigators and prosecutors. The initiative focuses on stopping the illegal sale and distribution of methamphetamine precursors. It also maintains a national database that tracks clandestine laboratory seizures, providing federal, state, and local law enforcement with up-to-date information on methamphetamine production methods, trends, and cases.

Drug-Endangered Children

The Department of Justice is reviewing methods of improving assistance to children found at locations where drugs are used, kept, manufactured or sold, such as clandestine methamphetamine lab sites. One model program, California's Drug Endangered Children (DEC) program, works to reduce the incidence of drug-related child endangerment and to meet the needs of children and communities threatened by exposures to clandestine methamphetamine labs. The program brings together and assists law enforcement response teams by providing technical assistance, conducting trainings and workshops, developing educational resources, and fostering interagency collaboration.

DOJ and ONDCP are committed to working together to review the effectiveness of these programs and identify opportunities to support similar programs in other areas of the country.

The Methamphetamine Interagency Task Force has provided several recommendations to improve interagency cooperation. The task force has suggested that jurisdictions take steps including:

- Increase information sharing and promote multidisciplinary approaches and partnerships among prevention, education, treatment, and law enforcement agencies at the federal, state, and local levels
- Expand collaborations among social services agencies and public health officials
- Conduct research on the hazards to which children found in methamphetamine labs are exposed
- Develop protocols to support drug-endangered children that should generally address staff training; roles and responsibilities of intervening agencies; appropriate reporting, cross reporting, information sharing, and confidentiality; safety procedures for children, families, and responding personnel; interviewing procedures; evidence collection and preservation procedures; medical care procedures; and community resource development

Additionally, legal standards regarding drug-endangered children generally differ by state. DOJ and ONDCP are working together to identify opportunities to work with state and local legislatures to improve and update state laws regarding child endangerment and neglect.

Drug Courts

For FY 2005, the Administration proposed an increase in the Drug Courts program from $38 million to $70 million. By expanding the number of drug courts and increasing retention in

and successful completion of drug court programs by methamphetamine users, this program will provide an alternative to incarceration by using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

Our International Efforts: Canada and Mexico

By their very nature, synthetic drugs present special challenges. Production often takes place in industrialized nations, and because the drugs are made in laboratories and not harvested from fields, there are no crops to eradicate, as with marijuana, heroin, and cocaine. Supply reduction efforts must instead focus on limiting access to precursor chemicals, shutting down illegal labs, and breaking up the organized criminal groups that manufacture and distribute the drugs.

Disrupting the synthetic drug market requires strengthening international and domestic law enforcement mechanisms, with emphasis on flexible and rapid communications at the operational level. We must be as nimble as the traffickers who fuel the market, developing policies and methods that allow us to adapt quickly and seize every opportunity to disrupt the trade, with a particular emphasis on chemical control efforts.

Most of the methamphetamine consumed in the United States is manufactured using diverted pseudoephedrine and ephedrine. This internal production is dispersed among thousands of labs operating throughout the United States, although a relatively small number of "super labs" are responsible for most of the methamphetamine produced.

To counter the threat from methamphetamine, we and our neighbors, Mexico and Canada, must continue to tighten regulatory controls on pseudoephedrine and ephedrine, thousands of tons of which are smuggled illegally into the United States each year. Controls on other precursor chemicals, such as iodine and red phosphorus, are equally important.

In recent years, an inadequate chemical control regime has enabled individuals and firms in Canada to become major suppliers of diverted pseudoephedrine to methamphetamine producers in the United States. The imposition of a regulatory regime last January, combined with U.S.-Canadian law enforcement investigations such as Operation Northern Star, appears for the moment to have reduced the large-scale flow of pseudoephedrine from Canada into the United States. There are signs that some of this reduction has been offset by the diversion from Canada of ephedrine.

Pseudoephedrine diversion from Mexico is also a serious threat to the United States. Once the drug is diverted from legal applications, numerous drug trafficking organizations efficiently smuggle it across the Southwest Border and ship it to major methamphetamine labs in the United States, many of which are managed by Mexican traffickers. During just two months last year, authorities made seizures totaling 22 million pseudoephedrine tablets that were being shipped from Hong Kong to Mexico. In addition to the pseudoephedrine threat from Mexico, methamphetamine is produced in Mexico for onward shipment to the United States—more than a ton of methamphetamine was seized on the Southwest Border last year.

Access to Recovery Treatment Initiative

While not exclusively targeted at methamphetamine, the President's *National Drug Control Strategy* recognizes that reducing the demand for drugs is an indispensable component of reducing the threat posed by any drug. With this in mind, the President's Access to Recovery initiative will help to reduce methamphetamine dependency. The FY 2005 budget proposes $200 million for ATR. This represents an increase of $100.6 million over the FY 2004 enacted amount. People in need of treatment, no matter where they are – emergency rooms, health clinics, the criminal justice system, schools, or the faith community – will receive an evidence-based assessment of their treatment need and will be issued vouchers for the cost of providing that treatment.

CONCLUSION

In conclusion, I am pleased to present to you today the federal government's cooperative efforts to reduce the use, production, and trafficking of methamphetamine in this country. The drug poses a serious threat to not only the user, but those in contact with the user and/or manufacturer such as children and neighbors. Due to the extremely toxic nature of methamphetamine and its manufacturing process, we know that neighborhoods and the environment can be adversely affected for significant periods of time. Within the context of our *National Drug Control Strategy*, we know that reducing all drug use – including methamphetamine use – will require a balanced, consistent, and coordinated focus among law enforcement agencies, as well as agencies with the responsibility of helping ameliorate the effects of methamphetamine use and production. With initiatives such as Access to Recovery, the Priority Targeting Initiative, and our continuing support of law enforcement in cleaning up the toxic after-affects of methamphetamine, we are moving closer to creating an America that is free from dangerous drugs such as methamphetamine.

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[i] Substance Abuse and Mental Health Services Administration, *Results from the 2002 National Survey on Drug Use and Health: National Findings*, September 2003: http://www.samhsa.gov/oas/nhsda/2k2nsduh/Results/2k2Results.htm#toc

[ii] Substance Abuse and Mental Health Services Administration, *Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates, 1995-2002*, July 2003: http://dawninfo.samhsa.gov/pubs_94_02/edpubs/2002final/

Mr. McCLINTOCK. Thank you. Good morning, Chairman Souder and Representative Chocola, my name is Armand McClintock and I am assistant special agent in charge of the Indianapolis District Office of the DEA.

First, let me express my sincere appreciation for your ongoing support and for this hearing on fighting methamphetamine in the heartland.

Mr. Chairman, the rapid rise and spread of methamphetamine use and trafficking in Indiana has created a unique and difficult challenge for Federal and State law enforcement officials. Unlike more traditional drugs of abuse, methamphetamine presents some distinctive challenges.

First, it is relatively easy to manufacture, anyone who can read and measure can make methamphetamine.

Second, many productionsites are located in the rural areas of Indiana where there is limited day-to-day law enforcement presence.

Third, methamphetamine is a particularly intense stimulant, highly addictive and devastatingly dangerous.

The combination of these factors has led DEA to pursue a multifaceted response. Overall, DEA offices in Indiana expend approximately half their investigative resources on methamphetamine-related cases, a substantial increase since 1999 when approximately 35 percent of cases were methamphetamine-related.

These investigations target Mexican trafficking organizations while working closely with State and local law enforcement to eliminate the spread of small toxic labs and alleviate their consequences.

DEA investigations into Mexican drug trafficking organizations distributing methamphetamine within the State have more than doubled since 2001, totaling 36 last year. In addition, the number of methamphetamine traffickers and dealers who have been arrested and charged in Federal court, has grown from 80 in 2001 to 111 in 2003.

While more labs were seized in Indiana during 2003, the El Paso Intelligence Center [EPIC], has documented 506 clandestine methamphetamine laboratory seizures, which is sixth among all States. Adding dump sites, chemicals, glassware, and equipment seizures together resulted in 805 incidents, fifth among all States.

In response to the rise of these labs, in 2000, DEA launched a new training initiative to provide clandestine laboratory awareness training to Federal, State and local law enforcement agencies and fire departments. The demand for clandestine laboratory training has been immense. DEA has provided clan lab methamphetamine awareness training for 540 State and local officers in the State of Indiana since 2000.

The small toxic labs I describe in my testimony generate significant quantities of hazardous waste during each production cycle. Small rural communities within Indiana ultimately must pay the price of the fiscal, environmental, health, and safety hazards associated with these drug trafficking organizations.

The methamphetamine trade is particularly insidious because of its direct, alarming, and negative impact on our youth. Federal and State law enforcement officials remain vigilant in our efforts to keep youth in Indiana and across the country from the devastating

effects of this drug. Each of DEA's field divisions has a victim witness coordinator to ensure that endangered children are identified and the child's immediate safety is addressed at the scene through coordination with child welfare and healthcare service providers.

DEA has joined forces with our State and local partners to address methamphetamine-related trends from large trafficking organizations down to the small time producer operating out of their homes in Indiana. Placing emphasis on DEA's priority target program, eliminating small toxic labs, combining Federal regulations with local initiatives to reduce the availability of pseudoephedrine in the illicit market, and enforcing our chemical controls on meth precursors all represent DEA's intense focus on combating this epidemic on several fronts.

To see an example of our efforts with local law enforcement, you need only look back to last December when DEA and approximately 90 local law enforcement officers concluded Operation Sweet Home Alabama. This was a 6-month investigation, which resulted in the arrest of 18 defendants. The priority target involved a Mexican national who oversaw the largest methamphetamine, cocaine and marijuana ring ever exposed in Indiana. Just last week, a Federal judge sentenced the head of the organization, Ramon Montero to 20 years in prison.

In conclusion, the seriousness of the problems resulting from the methamphetamine threat cannot be overstated. Perhaps more than any other drug, methamphetamine puts all of us, users and nonusers alike, at risk. The innocence of children, the fortitude of law enforcement, and the pristine state of our ecosystem are not immune to methamphetamine's dangers. As a single-mission agency, DEA will continue to devote its resources to identify, investigate, and dismantle the organizations responsible for the spread of meth across Indiana and our country.

Thank you again for the opportunity to testify before the subcommittee today. I will be happy to answer any questions at the appropriate time.

[The prepared statement of Mr. McClintock follows:]

Statement of
Armand McClintock
Assistant Special Agent in Charge
Indianapolis District Office
Drug Enforcement Administration

Before the

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

February 6, 2004

"Fighting Methamphetamine in the Heartland:
How Can the Federal Government Assist State and Local Efforts?"

Executive Summary

The rapid rise and spread of methamphetamine use and trafficking in Indiana has created a unique and difficult challenge for federal and state law enforcement officials. Unlike more traditional drugs of abuse, methamphetamine presents some distinctive challenges. First, it is relatively easy to manufacture; anyone who can read and measure can make methamphetamine. Second, many production sites are located in rural areas of Indiana where there is limited day-to-day law enforcement presence. Third, methamphetamine is a particularly intense stimulant, highly addictive, and devastatingly dangerous. The combination of these factors has led DEA to pursue a multi-faceted response.

The methamphetamine trafficking situation in Indiana reflects the current overall methamphetamine situation in the Midwest. Mexican drug trafficking organizations control a vast majority of the methamphetamine distribution in Indiana. Their networks transport multi-pound quantities from clandestine superlabs capable of producing at least 10 pounds of the drug in a 24-hour period from locations in the West and even Mexico.

While the methamphetamine trade remains dominated by Mexican trafficking organizations, a growing number of small, dangerous clandestine laboratories are straining communities and Indiana police forces. Locally, ninety percent of independent small toxic lab (STL) operators produce methamphetamine for personal use and local distribution. Such a constant supply of methamphetamine in Indiana rivals, if not exceeds that of cocaine and continues to grow in popularity due to its low cost, availability and duration of effect.

DEA has joined forces with our state and local counterparts to investigate and shut down these toxic labs. Progress requires vigilance to ensure the safe cleanup of the labs. Being very costly, DEA works with state officials to provide as much assistance as possible with lab cleanups and extensive training for law enforcement.

In this testimony, DEA will describe the nature of the methamphetamine threat to Indiana, offer specific examples of how we are targeting it, and describe why it is important for DEA and its partners to make every effort to combat this increasing menace.

Introduction

Chairman Souder, distinguished members of the Subcommittee, and honored guests; it is indeed my distinct pleasure to appear before you. My name is Armand McClintock and I am the Assistant Special Agent in Charge of the Indianapolis District Office. On behalf of DEA Administrator Karen P. Tandy and Special Agent in Charge Richard Sanders of the Chicago Field Division, I would like to thank this subcommittee for your continued support of DEA and its mission.

The Simplicity of Methamphetamine

Methamphetamine is a synthetic stimulant that is classified as a Schedule II controlled substance. This widely abused drug also goes by the names "crank", "meth", "crystal" and "speed." Although commonly sold in powder form, it has been distributed in tablets or as crystals. Methamphetamine can be smoked, snorted, injected or taken orally.

The clandestine manufacture of methamphetamine has been a concern of law enforcement officials since the 1960's, when outlaw motorcycle gangs dominated distribution. Methamphetamine continues to be the primary drug manufactured in the vast majority of drug labs seized by law enforcement throughout the nation. Since 1997, ninety-seven percent of the clandestine lab seizures reported to DEA were either methamphetamine or amphetamine labs.

Methamphetamine is, unfortunately, a simple drug to produce. Ingredients are not only readily available, but also inexpensive. For approximately $100 in materials purchased in either a grocery or hardware store, a "cook" can produce $1,000 worth of methamphetamine. 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. And a clandestine lab operator can utilize relatively ordinary items such as mason jars and coffee filters to substitute for sophisticated laboratory equipment. Simply put, these are straightforward science fair experiments put to the worst use imaginable.

Another factor in the clandestine lab epidemic is the evolution of technology and the increased use of the Internet. While in the past "chemists" closely guarded their formulas, today's computer savvy America has made them more willing to share their "recipes of death." Aside from marijuana, methamphetamine is the only widely abused illegal drug that is readily manufactured or capable of being produced by the actual abuser. 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 literally explosive clandestine laboratories continue to appear in Indiana neighborhoods and all across America.

Indiana - The Heartland in the Grasp of Methamphetamine

Overall, DEA offices in Indiana expend approximately half their investigative resources on methamphetamine related cases - a substantial increase since 1999, when approximately 35 percent of cases were methamphetamine related. DEA investigations into Mexican drug trafficking organizations distributing methamphetamine within the state have risen from 17 in 2001 to 36 in 2003. In addition, the number of methamphetamine traffickers and dealers who have been arrested and charged in federal court has grown from 80 in 2001 to 111 in 2003.

According to the latest statistics from the El Paso Intelligence Center (EPIC), the number of clandestine methamphetamine laboratories seized in Indiana has increased steadily from a low of 5 in 1998 to a high of 506 reported thus far for 2003. But even this figure could be a low estimate due to incomplete reporting to EPIC from other law enforcement agencies. Detailed statistics from the Indiana State Police now indicate that 1,260 clandestine laboratories were seized in 2003. Assuming this number remains constant, it would represent a 26 percent increase from the 998 laboratories reported seized in the state during 2002.

Indiana Distribution Sources, Prices and Purity

The methamphetamine trafficking situation in Indiana reflects the current trafficking situation throughout the Midwest. Federal investigations have found that Mexican trafficking organizations transport multi-pound quantities of methamphetamine to Indiana from clandestine superlabs (laboratories with a production capacity of at least 10 pounds of methamphetamine in a 24-hour period), located in the West and Mexico. However, small toxic labs (STLs) remain the principal threat to local communities.

STLs are local and independent operators who produce gram to multi-ounce quantities of methamphetamine for personal use and local distribution. Ninety percent of all clandestine methamphetamine laboratories seized in Indiana utilize the *Birch,* or "Nazi," production method that allows a novice manufacturer to rely on readily available, inexpensive products and an uncomplicated process to create methamphetamine. The prevalence of these labs spreads the drug to more users and has the most immediate and visible impact. Even so, control over the vast majority of what is actually distributed in Indiana by volume is dominated by the Mexican drug trafficking organizations.

Methamphetamine prices for Indiana are on average $90 - $100 per gram, $500 - $1,200 per ounce and $5,000 - $8,000 per pound. The average purity level for these methamphetamine laboratory exhibits is 24.8 percent.

DEA aids our state partners to fight against the methamphetamine scourge. While no superlabs were seized in Indiana during 2003, EPIC has documented 506 clandestine methamphetamine laboratory seizures (6th among all states). Adding dumpsites and chemical/glassware/equipment seizures together resulted in 805 incidents (5th among all states). In response to the rise of such labs, in 2000 DEA launched a new training initiative to provide clandestine laboratory awareness training to federal, state and local law enforcement agencies and fire departments. The demand for Clandestine Laboratory training has been immense. DEA

has provided Clan Lab/Methamphetamine Awareness training for 540 state and local officers (and certified another 58) in the state of Indiana since 2000.

The Escalation of Small Toxic Labs and Their Environmental Impact

The small toxic labs I described generate significant quantities of hazardous waste during each production cycle. Small, rural communities within Indiana ultimately must pay the price of the fiscal, environmental, health, and safety hazards associated with criminal entrepreneurs.

STLs initially emerged as a problem in the Midwest in the early to mid-1990s. After initial introduction by Mexican traffickers, local users discovered that they could produce their own methamphetamine. Both the ease of manufacturing and the availability of chemicals contributed greatly to the dramatic growth and spread of these labs throughout the state of Indiana. While not readily available at the retail level, anhydrous ammonia is used extensively in rural areas throughout the state. State law enforcement reports indicate that the chemical has been easily stolen from nurse tanks stored on family farms and coops, train tanker cars that transport the chemical, or diverted from one of the anhydrous pipelines.

Methamphetamine laboratories create environmental hazards with enormous cleanup costs. The chemicals used to produce methamphetamine are extremely flammable and toxic. Every pound of methamphetamine produced yields up to five pounds of waste chemicals, which in turn contaminate the land, streams, and public sewer systems. The small labs are often more dangerous than the larger operations. The "cooks" are generally less experienced and have little regard for the consequences arising from the use of toxic, explosive, and poisonous chemicals. In 2001, EPIC reported 19 fires and explosions related to methamphetamine production in Indiana. While that number had risen to 35 in 2002, the number of explosions and fires related to methamphetamine laboratories fell to 21 in 2003.

A Child's Home Becomes a Parent's Lab

The methamphetamine trade is particularly insidious because of its direct, alarming, and negative impact on our youth. Federal and state law enforcement officials remain vigilant in our efforts to keep youth in Indiana and across the country from the devastating effects of this drug.

A recently published comprehensive report from the National Jewish Medical and Research Center found that the toxic clouds of chemicals created by meth "cooks" within their "home labs" are posing a significant health and safety threat to the children and adults living in and around labs. This first-of-its kind study scientifically documented how toxic methamphetamine chemicals adhere to almost all the surfaces in a home or even hotel rooms used as a meth lab, from walls to carpets, to table tops and children's clothing. Given this environment, children might as well be taking the drug directly. DEA Administrator Karen Tandy commented at a January 2004 press conference that the study "exposes the enormous, but hidden, risks of methamphetamine." She emphasized that these high levels of toxins "expose innocent and unwary citizens to poisons that can be silent killers."

The sad fact is that Indiana children are continually exposed to the ravages of this illegal substance. Toxic labs are often discovered where children live and play. In 2003, information reported to EPIC showed 176 children affected, 65 children exposed to toxic chemicals, 5 children injured, 1 child killed, 59 children present at labs, 39 children placed into protective custody and 74 children residing at homes where clandestine labs were present. More than any other controlled substance, methamphetamine endangers children through exposure to drug use/abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosion. In response to this tragic phenomenon, DEA has enhanced its Victim Witness Program to identify and report these incidents to the proper state agencies. Each of DEA's Field Divisions has a Victim/Witness Coordinator to ensure that endangered children are identified and the child's immediate safety is addressed at the scene through coordination with child welfare and health care service providers.

Enforcement Initiatives

DEA has joined forces with our state and local partners to address methamphetamine-related trends from large trafficking organizations down to the small-time producer operating out of their homes.

Priority Targeting Program

Administrator Tandy has made it an agency priority to focus on disrupting and dismantling priority target organizations and to deprive them of the profits of the drug trade. One of DEA's most aggressive enforcement efforts is the Priority Targeting Program to which substantial financial and manpower resources are committed consistent with the strategies of the President and the Attorney General. Since the inception of the Priority Targeting Program in 2000, DEA has dismantled 61 and disrupted 35 priority target methamphetamine trafficking organizations throughout the United States. There are currently 170 active methamphetamine Priority Target cases worldwide, including nine active in the Indianapolis District Office area.

Elimination of Small Toxic Labs

Along with state and local law enforcement counterparts, DEA has been successful in eliminating many STLs throughout Indiana. Moreover, DEA assists state and local authorities with hazardous waste removal, prevention, public awareness, and training that are associated with methamphetamine.

Chemical Control

Recent local initiatives in Indiana have required the placement of pseudoephedrine behind counters in retail businesses that sell cold medications and limits on the amount of pseudoephedrine that can be purchased. Combined with Federal regulations already in place, these initiatives will significantly limit the availability of precursor chemicals such as pseudoephedrine in the illicit market.

Controlling Pseudoephedrine/Precursor Trafficking

DEA also uses the precursor control program to identify and target the most significant sources of methamphetamine precursor chemicals. DEA works domestically with legitimate handlers of precursor chemicals to ensure that these chemicals are not diverted for illicit use. Currently there are six Diversion Investigators assigned to the Indianapolis District Office responsible for working with their state and local counterparts to enforce the chemical control measures in the Controlled Substances Act.

DEA chemical investigations have increased by 400 percent since 1999, and DEA has also undertaken yearly "outreach" and education efforts with the regulated chemical industry for the purpose of preventing chemical diversion.

In addition, DEA aggressively investigates companies who wish to distribute List I chemicals that could be utilized to manufacture a controlled substance. We also operate a Warning Letter Program to notify manufacturers and distributors of pseudoephedrine and ephedrine tablets when their product is found in illicit settings. To date, DEA has issued 634 warning letters, which can form a foundation for criminal, civil, and/or administrative action against registrants who fail to adequately monitor their distribution of List I chemicals.

Seizures and Investigations – An Ongoing Battle

As I mentioned, DEA devotes half of its Indiana investigative resources to methamphetamine related cases. These investigations have uncovered activities of concern across the state. Locally, the Merrillville, Indiana Resident Office (MRO), reported that methamphetamine trafficking (and some production) is controlled by Hispanic groups around South Bend. Law enforcement has identified four groups that are sending approximately 500 pounds of methamphetamine to South Bend every month. This influx results in Elkhart becoming a transshipment point where the drug is subsequently shipped to other Midwest states. In September 2003, authorities in South Bend seized 34 pounds of methamphetamine that had been associated with this traffic. Within the next week, an additional 26 pounds of methamphetamine and 16 kilograms of cocaine were also seized. These seizures underscore the severe methamphetamine problem faced by law enforcement and public health officials in and around South Bend.

DEA seizure statistics confirm the increased availability of methamphetamine across Indiana. Recorded methamphetamine seizures by the MRO increased from zero in 1999 to more than 27 kilograms in 2003. DEA intelligence has identified a Mexican trafficking source responsible for smuggling 30 pounds of methamphetamine at a time into the Evansville area. This represents a substantial increase in the volume of methamphetamine entering Indiana from Mexican controlled organizations.

On August 22, 2002, DEA agents, along with Indiana State and local law enforcement officers arrested 20 individuals in central and southern Indiana for trafficking methamphetamine. Operation Exorcism 2 was the result of a 14 month Organized Crime Drug

Enforcement Task Force investigation (OCDETF) which targeted the *Diablos Motorcycle Gang*. This Priority Target was trafficking as much as 30 pounds of methamphetamine every two to three weeks. Our combined efforts resulted in the seizure of 10 kilograms of methamphetamine, 644 grams of marijuana, and $123,321 in U.S. currency. In addition, 300 firearms, 14 vehicles, two boats, and two all-terrain vehicles were seized by DEA.

On December 6, 2003, approximately 90 local law enforcement officers, led by the DEA Indianapolis District Office, concluded Operation Sweet Home Alabama, a six month investigation which yielded the arrest of 18 defendants and the execution of 14 federal search warrants. The Priority Target involved a Mexican National who oversaw the largest methamphetamine, cocaine and marijuana ring ever exposed in Indiana. The investigation resulted in the seizure of $70,000 in U.S. currency, 40 pounds of methamphetamine, 20 kilograms of cocaine, three vehicles, and 20 firearms. On January 27, 2004, a federal judge sentenced the head of the organization, Ramon Montero, to twenty years in prison. Upon his release from prison, he will likely be deported back to Mexico.

Conclusion

The seriousness of the problems resulting from the methamphetamine threat cannot be overstated. Perhaps more than any other drug, methamphetamine puts all of us—users and nonusers alike—at risk. The innocence of children, the fortitude of law enforcement, and the pristine state of our ecosystem are not immune to meth's dangers.

DEA is combating the methamphetamine epidemic on several fronts. Our agency is targeting Mexican trafficking organizations while working closely with state and local law enforcement to eliminate the spread of small toxic labs and alleviate their consequences.

As a single mission agency, DEA will continue to devote its resources to identify, investigate and dismantle the organizations responsible for the spread of methamphetamine across Indiana and our country.

Thank you again for the opportunity to testify before the Subcommittee today. I will be happy to answer any questions at the appropriate time.

Mr. SOUDER. Thank you. All statements, the full statements, will be in the record. There were a couple of things I noticed in your written statement that I think it would be good to highlight for purposes of discussion today.

You said that DEA, in your written testimony, devotes half of its Indiana investigative resources to meth?

Mr. MCCLINTOCK. Yes.

Mr. SOUDER. Is most of that southern Indiana, a mix, Fort Wayne office too?

Mr. MCCLINTOCK. It's a mix of all areas of Indiana, Congressman; largely Indianapolis, being the largest DEA office, has had a role in each of these. Fort Wayne and Merrillville, Evansville, the entire State.

Mr. SOUDER. Did you say that Evansville is devoting a higher percentage to meth?

Mr. MCCLINTOCK. Yes, sir, I would.

Mr. SOUDER. We will hear more about that, but while we have a big problem in northern Indiana, in southern Indiana, it is the dominant problem, is that correct?

Mr. MCCLINTOCK. Yes, it is, Congressman.

Mr. SOUDER. You also said that you have dismantled 61 and disrupted 35 priority target methamphetamine trafficking organizations throughout the United States. And I wanted to ask both you and Mr. Burns about, in particular, the precursor chemical. I have been very active in working with the Canadians. That is where there is a big problem with precursor chemicals coming from. Do you believe their new regulations in progress are sufficient or should we be pushing them in this next session of their Parliament to even tighten up further?

Mr. BURNS. At this point, Congressman, I would say wholly insufficient.

Mr. SOUDER. Wholly insufficient?

Mr. BURNS. Through the National Methamphetamine Chemical Initiative, we held our last conference in Ottawa and we did that, frankly, at the request of law enforcement and others, to bring a message to help Canada, that they must do more, they must do a great deal more.

Law enforcement still does not know the quantities that are coming in and have difficulty tracking and identifying where the ephedrine and pseudo-ephedrine is going. So we need your help.

Mr. MCCLINTOCK. I think a representative example of the problem is in September 2001, the Indiana State Police stopped a Ryder truck on Interstate 69 just north of Indianapolis for a traffic violation. A consensual search of the truck revealed 1,200,000 tablets of pseudoephedrine. The driver and his passenger, both of Middle Eastern descent, had crossed the Windsor bridge and came down I–69 to I–70 and initially headed toward California. Unfortunately, the terrorist attack of September 11 happened at that moment and they changed directions, frightful of what awaited them in this country and they turned around and headed back to Canada through Detroit, hopefully, is what their plan was but they were stopped by the Indiana State Police. With their tablets of pseudoephedrine, you are looking at about 82 loads of methamphetamine if it got to a clan lab.

Mr. SOUDER. There were two other cases that have been in the media, and I do not know how much you can talk about it, both in Detroit and Chicago, where there were suspected ties to some of these different groups, some may have been just profiteering, some may have been connected to some of the terrorist groups. Do you know of other cases that the Indiana DEA has worked with, Mr. Burns, in looking at that particular area coming out of Detroit crossing into Canada?

Mr. BURNS. I do not know of any others at this time, Congressman. I can research that if you like and get back in written form to the subcommittee.

Mr. SOUDER. It is important to understand anhydrous ammonia is a critical thing that we will be dealing with later in this hearing this morning, but I am trying to understand the pressures that we have here. The multiple pressures for job creation and how we control narcotics and how we deal with terrorist funding. What is clear is that these things are colliding at the Windsor Bridge, and that is the bridge, it is the largest trade bridge in the world. More trade goes over that bridge than all the United States does with Japan, for example. And that bridge is the choke point for much of our economic development in northeast Indiana. For example, the GM plant in Fort Wayne, there are 100 border crossings at that bridge in the making of each pickup. So we are constantly kind of doing this battle of how much checking should we do at that border, how much do we slow down the border, but what we need to understand is these little meth labs that we are picking up are getting these precursor chemicals because this stuff is coming through in large illegal quantities. Now some of them rob, like the Oxycontin robberies, but much of this is coming through this type of network.

You also mentioned in your testimony that it is about $90 to $100 a gram, $500 to $1,200 per ounce, $5,000 to $8,000 a pound at a purity level of 24.8 percent. That is the Indiana figure.

Mr. Burns, do you know, or Mr. McClintock, how that compares to nationally? If you were buying this stuff in California or Washington State or Texas where it is moving through closer to where the labs are, is the price going up as it comes to Indiana?

Mr. MCCLINTOCK. The price increases as it comes eastward and the purity. We have had purity all the way up to actually 100 percent. Our DEA laboratory in Chicago has analyzed numerous samples of methamphetamine ranging from 24 percent all the way up to 100 percent. It just depends on how much cut the distributors put on it here in this State. The purity was higher, 2 or 3 years ago. It has dropped a little bit because they are cutting it with more adulterants in an attempt to stretch the amount of methamphetamine and increase their bottom line, so to speak.

Mr. SOUDER. Is the purity from the self-cookers higher than the purity from the superlabs?

Mr. MCCLINTOCK. The superlab purity has been 70 to 90 percent pure, sometimes 100 percent.

Mr. SOUDER. So it is the reverse. So the stuff coming in from outside is actually more dangerous to the individuals in the purity sense than the stuff that is being locally cooked.

Mr. MCCLINTOCK. That is correct. The local cooks are just cutting it more with adulterants.

Mr. SOUDER. So they are buying the large stuff and then breaking it up.

Mr. MCCLINTOCK. Yes, sir.

Mr. BURNS. A good rule of thumb, Mr. Chairman, at the White House, we look at it as a business. They produce and manufacture, they have transportation routes, they have wholesale and retail distribution and then they have the financial aspects associated with this illegal business that we call methamphetamine trafficking. A good rule of thumb is the further away from where it is manufactured in the Central Valley of California, that comes across from Mexico, the higher the price.

Mr. SOUDER. Higher the price, less the purity.

Mr. BURNS. Correct.

Mr. SOUDER. Mr. Chocola.

Mr. CHOCOLA. Just briefly.

Mr. Burns, did I understand you that 80 percent of the methamphetamine used comes from the superlabs versus the local labs?

Mr. BURNS. Yes.

Mr. CHOCOLA. And is that a trend that is steady or is it changing?

Mr. BURNS. That is pretty steady. I mean the difficulty with this issue is the mass quantities come from Mexico and Central Valley, CA, but the number of actual labs of small amounts in the back of a car or a Motel 6 clearly are within the midwest. So as far as quantity, superlabs; as far as the number of actual lab sites, midwest.

Mr. CHOCOLA. Is that similar to the experience in Indiana?

Mr. MCCLINTOCK. Yes, Congressman.

Mr. CHOCOLA. Mr. Burns, you mentioned several initiatives the administration has engaged in. How do those interact and interface with local law enforcement?

Mr. BURNS. Well, for example, the National Methamphetamine Chemical Initiative is an attempt to bring the real people that actually work methamphetamine cases together at least two or three times a year. And we fund that. Officers say have you seen a green meth? No, I haven't. I just talked with a detective up in Minnesota that saw some green meth. What do you think that's about? They talk about common cases that they are working on to try and put together trends and the ability to go after them on a nationwide basis.

The Drug Endangered Children Program helps State and local law enforcement because prosecutors like me 15–20 years ago would come across a methamphetamine lab and the last thing we were worried about was the two or three children that were there. We would find a neighbor or a friend or just get them out of the way. We have now come to realize that the most important thing at that meth lab site are those two or three children. And so the Drug Endangered Children Program brings together law enforcement and a child protective person, usually a guardian ad litem. Children are taken to a medical facility and they are checked for toxicity or burns. The juvenile court will be brought in to find a safe placement for the child. And many States are passing laws that make it a felony, similar to child abuse. So we are trying to

take that program nationwide, we initiated that in Iowa about 6 months ago.

Mr. CHOCOLA. A lot of the articles I have read, a lot of these labs are detected by the odor when they are actually cooking. Being exposed to that odor, is that hazardous to anybody's health, like children, if they are around it? Does it just smell bad or is it harmful?

Mr. MCCLINTOCK. Both, Congressman.

Having started my DEA career in San Diego, California in 1983 and having worked in a clan lab group as a young agent before we used any protective gear or breathing apparatus, not only do they smell badly. They are harmful to everyone's health and the environment.

Mr. CHOCOLA. I need to go way out on a limb here and make the prediction that all these programs you are talking about are not over-funded?

Mr. BURNS. No.

Mr. CHOCOLA. There are obviously limited resources. Where are the most effective kind of focus of resources? Is it the precursor stage or the cooking stage or the distribution stage or is it the user stage? If you had to pick a point in the process to focus the most resources, where would it be?

Mr. MCCLINTOCK. I would say, Congressman, all the above, but the precursor availability is certainly the first place to start. If they do not have the ingredients, they cannot make the drug. We need education, we need awareness training, especially for our youth in school, about the dangers of the drug and drug abuse in general. We need a concentrated law enforcement effort combined with State and local help with the Federal Government to alleviate these Mexican drug trafficking organizations and all these small toxic labs.

Mr. CHOCOLA. Where do the precursors come from? I mean locally it seems that they are stolen from the local drugstore or they try to buy large quantities. Are there programs with retailers to try to make them aware? Are they aware and do they have programs in place to try to prevent precursor purchases?

Mr. MCCLINTOCK. Absolutely, Congressman, there are programs in place with retailers that limit their ability to sell pseudoephedrine, for instance, which is a common ingredient in cold medicines, which is an over-the-counter drug found in all drugstores and places like that. And a lot of times, there is a form that has to be filled out and people have to give identification, which drug traffickers do not want to do, to buy over I believe 9 grams of that.

Mr. CHOCOLA. Do you think that is being effective?

Mr. MCCLINTOCK. I think it is. However, I think it is again education of all the public who is involved in retailed sales to know about it. We get calls occasionally in that regard.

Mr. CHOCOLA. Do the superlabs get the precursors the same way as somebody out in a trailer somewhere in a field, just larger quantities, or do they have sources for pseudoephedrine that's different?

Mr. BURNS. It's in truckloads in the back of tractor-trailers over the border from Canada and up from Mexico, and to buildupon Mr. McClintock's response, if we could have better successes in Canada

and Mexico, I think it would be extremely effective. If they do not have the flour, they cannot bake the cake.

With respect to those States and jurisdictions that have had success, it has to be prevention and education, it has to be treatment and it has to be law enforcement. The communities that I have seen that have successfully dealt with methamphetamine are when everybody gets involved. When big box stores, retail stores, know that somebody is buying tubing and glassware and tincture of iodine, they give a call to local law enforcement. If somebody knows that a methamphetamine lab smells like cat urine. If they are educated, if they smell that when they are walking to the store, to school or in any setting, and call law enforcement. And when the message goes out in the community that this is dangerous to our children, this is dangerous to our citizens, you are polluting our rivers and we are not going to take it. You are not wanted here. That is when we have seen serious declines in methamphetamine production, distribution and use.

Mr. CHOCOLA. Thank you both.

Mr. SOUDER. Thank you. I want to do a few followup questions.

Could you describe a little bit, either of you, why this started in Central California and how its progression is moving. And Mr. McClintock, for the record, actually was with DEA in San Jose as well as down in San Diego.

Mr. MCCLINTOCK. The close proximity to the international border and the port of entry at San Ysidro being the busiest land border crossing in the world made it a readily accessible entry point for any Colombian organization utilizing Mexican nationals to work in the area of being a transshipper, to bring it through Mexico and into the United States through California or Texas or any border State. The epidemic of methamphetamine has worked its way eastward. The original drugs that started coming across the border were marijuana, heroin and cocaine. These are poly drug Mexican drug trafficking organizations that added methamphetamine when they realized that there was a demand here. They are entrepreneurs and in it comes and it traverses our great country.

Mr. SOUDER. In the pattern that you are describing, let me ask one other question as a followup. In this network of how the small labs get their precursor chemicals, and I know there are lots of different ways that they do it in Indiana, are there middlemen where they know there is somebody receptive where they know they can buy the precursor chemicals?

Mr. MCCLINTOCK. Absolutely.

Mr. SOUDER. So there is like a wholesale dealer that you kind of know, a friendly drugstore that you know. Penetration with the pharmacies is one of the problems we had a number of years ago that was raised to me in Noble County. So you would know that this guy will sell you a larger quantity of this than other places or is it like an undercover guy who says hey, I have a load in my car? How exactly does that work?

Mr. MCCLINTOCK. Congressman, it can be either of those situations. With the Internet today and communication via the Internet, it is not uncommon for people to even share their suppliers for these precursors over the Internet, as well as formulas to make methamphetamine. They explain on the Internet quite readily how

methamphetamine can be made and a variety of methods and if a precursor chemical cannot be found that you need, you have other things that are common household chemicals that you can buy and make a different—hydriodic acid, for instance, or any chemical that you need. There is a lot of networking going on.

Mr. SOUDER. You have described two different things. One of which is, I am going to ask you how it came from California across, it was a poly drug, Mexican-Colombia connection coming in and then moving gradually, adding this to their market mix as they developed the market. But we also have the Middle Eastern groups bringing in these huge quantities of precursor chemicals from Canada and we are concerned about Canada.

How do these two things fit together? Are Canada's laws lax enough that they are bringing them in and then hooking up with the Mexican networks in the United States? Or are they supplying two different things; the precursor chemicals supplying the small labs and the superlab stuff being sold in the street through a different network?

Mr. MCCLINTOCK. The large quantities of precursor drugs are going directly to the Mexican drug trafficking organizations in large quantities for the superlabs.

Mr. SOUDER. I hesitate because this is not good news, because one of the things we have been watching is if the Middle Eastern networks hook up with the Mexican network, all of a sudden, the south border becomes a more complex question in regards to terrorism as well as other things in the deal. We do not have a lot of information, these groups have hooked up before and if this is the way they start to hook, we have deeper problems in our country in addition to the narcotics.

One other question, Mr. McClintock, for you. On the west coast, there is a new form of meth called yabba. Have you seen that from southeast Asia, has that been in Indiana yet?

Mr. MCCLINTOCK. It has not been to Indiana yet, that I know of.

Mr. SOUDER. One other question for you, Mr. McClintock, and then I have a few more for Mr. Burns. A lot of meth trafficking used to be with bike gangs like Hell's Angels, much like Tibet gold and some of the high grade marijuana coming from the eastern side of Canada is done through motorcycle gangs bringing it in. Some of the busts in this district in a number of counties over in the northeast side have been with motorcycle gangs. Do you still see that in meth or is that a change?

Mr. MCCLINTOCK. We still see it in methamphetamine. Recently, DEA and our State and local counterparts in Vigo County worked a large methamphetamine organization headed by the former president of the Diablo's motorcycle gang. We dismantled that organization. Now the Sons of Silence and the Outlaw motorcycle gangs are still in the State and participating in methamphetamine trafficking, but not to the extent that they did years ago when they dominated the market.

Mr. SOUDER. Mr. Burns, one of the things that you mentioned was the HIDTA program which, for people who do not know the initials, is High Intensity Drug Trafficking Area, and the only one in Indiana is up in Lake County, correct?

Mr. BURNS. Right.

Mr. SOUDER. So we have Chicago with a HIDTA and Lake County with a HIDTA, but the rest of Indiana not really being in a HIDTA at this point. But do you agree that one of the priorities of HIDTA should be to focus on the large labs? How do you see that being directed to the smaller labs? How do you see the HIDTA program working with the meth problem in particular?

Mr. BURNS. I would agree with you, Congressman, in that the intent of the High Intensity Drug Trafficking Area program is to attack the problem on an international and a national basis. And as such, a great deal of our focus and from your oversight has been to go after the large precursor transactions, go after the superlabs. We have sent additional moneys, we have sent additional technical assistance and frankly, I think we are having success. Notwithstanding the attitude in Canada, the law enforcement effort along the borders and in California as we speak I think is fluid. I think that there is a great debate going on among and by and between those in the trenches with respect to whether now we have shifted that to Mexico.

Mr. SOUDER. In the evolution of how we look at HIDTA programs, it seems like more of those HIDTA programs are becoming almost statewide programs, as they move into that. As you look, and not necessarily answering this question now, but as I look at how we deal with Indiana, we are trying to keep a proliferation of HIDTAs everywhere.

Mr. BURNS. Yes.

Mr. SOUDER. In our new draft legislation, we said OK, here are the highest areas that should get this much money, the second tier, the third tier. But in that, to be able to access into the information in Fort Wayne, South Bend, Evansville, Indianapolis with a HIDTA, any suggestions you would have of how to do this, and what the pros and cons of that would be, would be helpful.

Mr. BURNS. And I think that it is the responsibility of the White House and the Office of National Drug Control Policy, and I know John Walters, the drug czar, when he directed me to come out here made it clear that we do not just operate under a HIDTA. It is my intent to send folks back here to Indiana and we are going to have a series of meetings with State and local law enforcement and treatment people. I intend to come back again if I can, and we are going to provide assistance through the office but not necessarily, as you say, making every area in every State a HIDTA.

Mr. SOUDER. I appreciate that. As we were talking and have been working with this hearing, Director Walters had called and made that offer to northern Indiana, because we still need assistance even if we do not set up a HIDTA. And to come in today as the star of this program to work with our State and local law enforcement, to get interconnected, we appreciate that.

One other area we have in the President's new initiative on drug treatment. Do you know of anything, and have you heard any discussions whether any of this is going to be meth treatment oriented specific? It is an area, because the larger cities, including even in Indiana, the larger cities of Fort Wayne, South Bend, Indianapolis are as likely to have a meth problem as the smaller towns, but drug treatment funding tends to be oriented on treatment, research

and treatment related to other types of narcotics. Do you know whether there will be anything?

Mr. BURNS. Are you talking about the 100 million Access to Recovery?

Mr. SOUDER. Yes.

Mr. BURNS. The intent of that—the numbers that we have, there is a treatment gap of about 3 or 4 million people in this country. We identified in 2003 about 100,000 people who woke up one morning and made that incredible commitment to get treatment and could not. In America, that is not right. If 100,000 people wanted treatment and could not get it, the President's initiative, Access to Recovery to spend $200 million a year over 3 years, $600 million, to at least help those that have made the commitment to seek treatment from the disease of addiction. We got half of it.

That will be administered through the States and that will be something that the State of Indiana can have the greatest impact on where it goes and I would assume a great deal of it would go to treat those that are dealing with this terrible drug, methamphetamine.

Mr. SOUDER. Well, we are going to explore this a little later on one of our panels, but one of the things I want the drug czar's office to look at, because in working with HHS, and Charlie Curry is from Indiana, who heads the substance, alcohol, mental health area, but sometimes different drugs have different impacts and require different types of treatment. And if we do not have accurate information on how best to deal with those types of addicts, and each State is too small a unit of dollars to actually do the distinction between the different types of things, and particularly do the research with it, we need to look at the Federal level of how best to set this up or say to the States, OK, for meth people, this is the type of thing you need. It may not be able to be farmed out over the whole State, it is a different type of a treatment center than say treating somebody who is addicted to marijuana or cocaine.

Mr. BURNS. I would love to have those discussions with you. Spent all day yesterday in Tulsa, OK where they are wrestling with that very question you raise.

Mr. SOUDER. Thank you. Do you have anything additional?

Mr. CHOCOLA. I just have one more quick question. I understand that there are Web sites on line that will go through step-by-step process of how to manufacture methamphetamine?

Mr. MCCLINTOCK. That is true.

Mr. CHOCOLA. Is there anything that Federal officials can do about that? Is it illegal to do that or is there nothing we can do?

Mr. BURNS. Well, at the White House, we have set up a subcommittee, we have the FTC involved and DEA and others, in addition to the illegal prescription drug popups and Internet ads, we also go after those. We have had great success. The DEA, whenever they do something good, we take credit, with the paraphernalia.

Mr. SOUDER. That is on the record, by the way. [Laughter.]

Mr. BURNS. The paraphernalia cases in the United States, and we are looking at trying to do something with the Internet as well.

Mr. CHOCOLA. Are they abundant, those Web sites? Are they part of the problem? I would assume they are, but are they part of the problem?

Mr. MCCLINTOCK. Yes, sir.

Mr. CHOCOLA. But there is no program to try to actually get them shut down, or are you working on it?

Mr. BURNS. As soon as you shut one down, as I understand it, they can switch to a different site. But there is an effort underway in our office in conjunction with going after the prescription ads to work with the FTC to see if we cannot come up with a way to deal with that.

Mr. CHOCOLA. Thank you.

Mr. SOUDER. But you also, if you have any suggestions of international coordination that we can work with the U.N. Office of Narcotics, we have in this year's parliamentary group, we have people who work on narcotics committees all over the world are getting together and it is going to be down in Miami in late May, and it is coordinated by the U.N. narcotics control people and we are the hosts this year.

But one of the problems on the Internet is it does not even have to be a U.S. source, so U.S. laws may not cover it. And if we crack down, how do we do that. We need to try to figure out how to address this question from an international perspective because if we do not have the different countries working with us, they just pop right over to Canada or somewhere else.

I thank each of you for coming. We will probably give you some additional written questions for the record.

Mr. CHOCOLA. Thank you very much.

Mr. SOUDER. If the second panel could now come forward. That would be Mr. Melvin Carraway, superintendent of the Indiana State Police; Mr. Curtis T. Hill, Jr., prosecuting attorney, Elkhart County Prosecuting Attorney's Office; Mr. Bill Wargo, chief investigator for the Elkhart County Prosecuting Attorney's Office; Detective Daniel Anderson of the Starke County Sheriff's Department; Corporal Tony Ciriello, Kosciusko County Sheriff's Department.

If you will stand and raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses responded in the affirmative.

We will start with Mr. Melvin Carraway, superintendent of the Indiana State Police. Thank you for coming up today.

STATEMENTS OF MELVIN CARRAWAY, SUPERINTENDENT, INDIANA STATE POLICE; CURTIS T. HILL, JR., PROSECUTING ATTORNEY, ELKHART COUNTY PROSECUTING ATTORNEY'S OFFICE; BILL WARGO, CHIEF INVESTIGATOR, ELKHART COUNTY PROSECUTING ATTORNEY'S OFFICE; DANIEL ANDERSON, STARKE COUNTY SHERIFF'S DEPARTMENT; AND TONY CIRIELLO, KOSCIUSKO COUNTY SHERIFF'S DEPARTMENT

Mr. CARRAWAY. Thank you, Mr. Chairman. Thank you, Mr. Chocola as well for this opportunity to address you this morning on the issue of methamphetamine in Indiana.

With me also today is Major Mike Mettler, who is the commander of our Laboratory Services Division as well.

Methamphetamine, the highly potent, dangerously addictive, controlled substance is spreading as an epidemic in the State of Indi-

ana to the extent that it threatens to disrupt and destabilize various governmental programs and services. Law enforcement, health care programs, the courts, corrections and child protection agencies are all suffering from the effects of the spread of this drug and the associated kitchens of death; clandestine laboratory operations.

Methamphetamine and meth labs were first identified in southern Indiana in 1988. Realizing that this poison had finally reached the State, a drug lab investigation team was formed by the Indiana State Police. Responding at that time to only three drug labs in 1994, the number of labs processed has nearly doubled every year since. In 2003, 1,260 meth labs were identified in this State.

An equally disturbing trend is the significant increase in the number of meth case submissions to our State Police Laboratory facilities. In 1994, State Police reported receiving only 401 methamphetamine case submissions; 8 years later, the number of submissions has skyrocketed to nearly 2,800 submissions. In 2002, the number of meth submissions exceeded, for the first time, the number of powdered cocaine submissions.

Demand for this drug is increasing at an alarming rate, as is evidenced by the recent seizures and convictions of local meth traffickers that you have heard before my testimony. However, in a recent investigation in Indiana, 25 individuals were arrested and were alleged to have distributed more than 100 pounds of meth a month. This prompted U.S. Attorney Susan Brooks to state, "I think this shows we have an incredible demand here in Indiana." In another investigation, it was established that another organization had distributed approximately 1,600 pounds of meth over the course of just 2 years. Realizing that clandestine laboratory operators or cooks generally arise from the user population, as user populations increase a proportionate increase in drug lab activity is also to be expected.

In the spring of 2002, the Indiana State Police and the Indiana Criminal Justice Institute co-hosted the first statewide Summit on Methamphetamine. Bringing together law enforcement agencies, health care workers, judges, prosecutors, probation officers and representatives from children and family services, discussions were held to assess the impact meth was having on these vital services. The findings were clear. Meth threatens to disrupt and destabilize all of the governmental respondents' ability to provide their conventionally mandated services by inundating these agencies with methamphetamine related issues.

Law enforcement agencies throughout Indiana have responded by increasing and directing enforcement activities focused on methamphetamine. In 2003, more than 950 individuals were arrested on charges related to illegal drug lab operations. Nearly 200 children have been removed from parents who create these chemically toxic home environments. For example, in 2002, 110 children were removed from 57 families in Knox County, IN and 48 children were removed from families in Vigo County due to methamphetamine offenses. Foster case expenses in Vigo County, IN have amounted to $250,000 to $300,000 in 2002.

House bill No. 1136 has been introduced in the Indiana General Assembly. The purpose of this bill, if enacted, will be to establish a Methamphetamine Abuse Task Force. The goal of the task force

will be to develop and update a coordinated strategic plan to combat methamphetamine and to protect the citizens of Indiana.

We are certain by bringing together these combined forces of Federal, State and local law enforcement, our strategic aim shall be to reduce the availability of methamphetamine at its two sources. Illegal foreign importation and domestic clandestine laboratory operations. Our goal is to rid the State of this threat.

Thank you, Mr. Chairman, for this opportunity.

[The prepared statement of Mr. Carraway follows:]

"METHAMPHETMAINE REPORT"

Prepared for the

Government Reform Committee's Subcommittee on

Criminal Justice, Drug Policy, and Human Resources

Representative Mark E. Souder, Chairman

Elkhart, Indiana

February 6, 2004

Melvin J. Carraway, Superintendent

INDIANA STATE POLICE
METHAMPHETAMINE REPORT

Methamphetamine the highly potent, dangerously addictive, controlled substance is spreading as an epidemic in the State of Indiana to the extent that it threatens to disrupt and destabilize various governmental programs and services. Law enforcement, health care programs, the courts, corrections and child protection agencies are all suffering the effects of the spread of this drug and the associated "kitchens of death", clandestine laboratory operations.

Methamphetamine and Meth labs were first identified in southern Indiana in 1988. Realizing that this poison had finally reached the state, a drug lab investigation team was formed by the Indiana State Police Department. Responding to only three drug labs in 1994, the number of labs processed has nearly doubled every year since. In 2003, 1,260 Meth labs were identified in the state.

An equally disturbing trend is the significant increase in the number of Meth case submissions to State Police Laboratory facilities. In 1994 State Police reported receiving 401 Methamphetamine case submissions. Eight years later the number of submissions has sky rocketed to nearly 2,800 submissions. In 2002 the number of Meth submissions exceeded, for the first time, the number of powdered cocaine submissions.

Demand for this drug is increasing at alarming rates as is evidenced by recent seizures and convictions of local Meth traffickers. In a recent investigation in Indiana, 25 individuals were arrested and were alleged to have distributed more than 100 pounds of Meth a month. This prompted U. S. Attorney Susan Brooks to state, *"I think this shows we have an **incredible demand** here in Indiana"*. In another investigation it was established that another organization had distributed

approximately 1,600 pounds of Meth over the course of just two years. Realizing that clandestine laboratory operators or "cooks" generally arise from the "user population" as user populations increase, a proportionate increase in drug lab activity is to be expected.

In the spring of 2002 the Indiana State Police and the Indiana Criminal Justice Institute co-hosted the first statewide Summit on Methamphetamine. Bringing together law enforcement agencies, health care workers, judges, prosecutors, probations, and representatives from children and family services, discussions were held to assess the impact Meth was having on these vital services. The findings were clear. Meth threatens to disrupt and destabilize all of the governmental respondents' ability to provide their conventionally mandated services by inundating these agencies with Methamphetamine related issues.

Law enforcement agencies throughout Indiana have responded by increasing and directing enforcement activities focused on Methamphetamine. In 2003 more than 950 individuals were arrested on charges related to illegal drug lab operations. Nearly 200 children have been removed from parents who create these "chemically toxic" home environments. For example, in 2002 one hundred ten 110 children were removed from 57 families in Knox County, Indiana and 48 children were removed from families in Vigo County due to Methamphetamine offenses. Foster care expenses in Vigo County, Indiana above amounted to $250,000 to $300,000 in 2002.

House Bill No. 1136 has been introduced in the Indiana General Assembly. The purpose of this bill, if enacted, will be to establish a Methamphetamine Abuse Task Force. The goal of the task force will be to develop and update a coordinated strategic plan to combat Methamphetamine and to protect the citizens of Indiana.

By bringing together the combined forces of federal, state and local law enforcement, our strategic aim shall be to reduce the availability of Methamphetamine at its two sources; illegal foreign importation and domestic clandestine laboratory operations. Our goal is to rid the state of this threat.

Mr. SOUDER. I would like to point out for the record that Superintendent Carraway is one of the greatest singers that I have heard and the whole country would have been much better off if he had been the Super Bowl half time show. [Laughter.]

Mr. CARRAWAY. Thank you very much.

Mr. SOUDER. Mr. Hill. I want to particularly thank Mr. Hill for his leadership, which is a lot of the reason we are here today. When he first decided to run for prosecuting attorney and we got to know each other and I saw his intense interest, actually from way back when he was interested in being U.S. attorney, and we talked in my office long before I ever knew I was going to represent Elkhart County. I was very impressed with his aggressive commitment and had he been the final choice for U.S. attorney, he was committed, as I am sure the current U.S. attorney is as well, but he was very focused on this issue. And when he ran for prosecutor and then got elected prosecutor, I said we are going to do this together, and we are finally getting it done.

So I thank you for really hosting us here in Elkhart today, along with Congressman Chocola, and look forward to your testimony.

Mr. HILL. Thank you, Mr. Chairman, Representative Chocola, my name is Curtis T. Hill, Jr. and I am prosecuting attorney for the 34th Judicial Circuit, Elkhart County, IN. As a resident of Elkhart County, which is a part of the second and third congressional districts, I am also honored to be so ably represented in Congress by Chairman Souder and Representative Chocola. Furthermore, I would like to thank Chairman Souder for convening this field hearing, appropriately entitled "Fighting Methamphetamine in the Heartland" here in Elkhart County, which is a community truly indicative of America's heartland.

By way of brief background, Elkhart County is comprised of approximately 183,000 people disbursed among medium sized urban centers of Elkhart, Goshen and Nappanee as well as the towns of Bristol, Middlebury, Millersburg, New Paris and Wakarusa. While maintaining a significant agricultural base, Elkhart County is also nationally recognized for manufactured housing, recreational vehicles and other manufacturing industries. This has resulted in a generally low unemployment rate here in Elkhart County. If you cannot get a job in Elkhart County, you do not want one bad enough.

I would like to also point out that the geographical location of Elkhart County adds to the characteristics that make this area red-hot for distributors of methamphetamine. A relatively close proximity to the major metropolitan centers of Detroit and Chicago, along with our access along the Indiana Toll Road, literally makes Elkhart the cross roads of the midwest. As a result, this particular area of the country, where this committee is sitting today, is a prime location to do business, both legitimate and otherwise. Many of the characteristics that attract legitimate business and industry to this area are the same characteristics that attract the more notorious and corrupting influences that engage in organized criminal activities, including the distribution of methamphetamine. As a representative of the Indiana criminal justice system, I appreciate the opportunity to address this committee on the difficulties facing

our local communities and on working together proactively and finding real solutions to these difficulties.

Within the past few years, the criminal justice system has witnessed a dramatic increase in the use and distribution of methamphetamine. It has seemingly come out of nowhere to become the dominant illegal drug of choice in this area. Our courts are not only deluged with delivery and possession of methamphetamine crimes, but a growing percentage of other crimes indirectly related to methamphetamine activity continue to increase as well. The corrosive effects of domestic violence, child abuse, robberies, burglaries and identity thefts are indirect consequences of methamphetamine activity and are devastating our communities. Philosophically, I recognize that education and treatment programs that work are vital to decreasing the phenomenal demand that fuels the methamphetamine monster. However, interdiction combined with swift and effective law enforcement is the best hope for destroying the organized networks that pump these poisons through our communities.

I became Prosecuting Attorney in January 2003. I believe that it is incumbent upon every productive citizen to take a part in saving our communities from this spiraling decline brought on by illegal drug use. If left unchecked, the deterioration here and in the remainder of the midwest region will continue to escalate until we see a time in the not so distant future where it will seem normal for young children to smoke marijuana cigarettes. If unchecked, it will become ordinary to live next door to a crack house. If the deterioration goes unchecked, users, manufacturers and distributors of methamphetamine will no longer hide in the shadows of our community like so many cockroaches under a rock, but they will be out openly, spreading their pain because the rest of us let it happen.

So you want to talk about fighting methamphetamine in the heartland. Let us talk about it.

To fight methamphetamine in the heartland, we should begin with the word fight and what fight means. It is a word that is used by many people for many things, but for me, it means fight to win. No one ever won a fight by digging in or holding his ground. If the fight ends in a draw or your opponent withdraws, the only thing that is assured is that your opponent has a better understanding of how you fight and an opportunity to come back and fight another day. To win a fight, we need to take the fight to our opponent and remove our opponent's capacity and will to fight on. That is called winning. I have no doubt that if we begin with the premise of winning the fight rather than merely fighting the fight, we will then come to terms with the resources that will be required to achieve our objectives.

While clandestine laboratories are the more typical source of methamphetamine in the rural communities of the midwest as well as many of my neighboring counties, the largest source of methamphetamine in Elkhart County is, oddly enough, the importation from Mexico and the superlabs out west through expansive organized criminal networks taking advantage of our strategic location as the midwestern gateway to the east and their ability to blend into certain aspects of our community to establish major distribu-

tion lines. Chief Investigator Wargo covers this area in greater detail through his testimony.

While we would appreciate assistance from the Federal Government, we have started our local fight against methamphetamine. Before taking office, we began to develop our anti-drug strategy utilizing the resources available to us locally. The central piece of our local strategy is information. Information is the single most important and powerful weapon in proactive crime fighting. Centralizing information as well as distributing information along a line of communication through law enforcement allows us to combine our efforts, reduce duplicity and confliction, and ultimately be more effective. If I can point to a single advantage that organized crime has over law enforcement, it is that they recognize no jurisdictional boundaries and they work together. By borrowing a page from the criminal's handbook, local law enforcement as well as State and Federal law enforcement cannot be limited by jurisdictional boundaries and must work together when it comes to organizing a plan for fighting methamphetamine.

Local communities such as Elkhart County have sub-communities which have their own separate and distinctive characteristics. Therefore, the tactical planning must be flexible enough to adapt to local circumstances. For example, the city of Elkhart and the city of Goshen, though separated by only 11 miles, do not share precise issues regarding methamphetamine, crack cocaine and marijuana. Therefore, we sought input of all our local law enforcement partners in designing an organization that would serve as the central repository for criminal intelligence and dissemination among law enforcement, coordinate and strategize the overall anti-drug effort, and supervise and conduct long term investigations concerning organized criminal activity including manufacture, distribution and use of methamphetamine.

The result of this collaborative effort was the creation of the Organized Crime Drug Enforcement Unit which is housed in the Prosecuting Attorney's Office and supervised by my chief investigator. The personnel of this unit are on assignment to my office from various law enforcement agencies within our county. The most exciting aspect of our organized effort is the establishment of satellite anti-drug teams working within the city of Goshen's Police Department and the city of Elkhart's Police Department, retaining their respective independence in dealing with shorter term street level interdiction while remaining an active regular partner in the overall effort.

We have a philosophy that not all drug activities require the same approach. In many instances, a long term investigation involving confidential sources and undercover drug buys is the correct approach. However, many other situations require a swifter, more decisive action that may or may not result in arrests but is designed to restore neighborhoods and remove criminals. The development of this prototype allows us to target minor to mid-level problems and make them go away. By responding to neighborhood complaints quickly, members of the community are getting a stronger sense that their complaints are not being ignored and, therefore, more complaints and reports of suspicious drug activity

are being reported to my office and disseminated to the appropriate response team and addressed within appropriate time limits.

On a weekly basis, 20 to 25 police officers and prosecutors meet at my office to exchange intelligence information. We refer to this process as our Criminal Intelligence Sharing System. Each law enforcement agency in the county has representatives from their department participating, as well as representatives from the Indiana State Police and the DEA. Through this communication process, we have set specific targets and, working together, we have been very successful in bringing many of those targets to justice thus far, with great confidence for others to come.

I firmly believe that the Federal Government needs to step up to the plate and join us in recognizing that there are other areas in northern Indiana outside of Lake County that are in need of assistance in fighting back organized criminal activity and drugs. While we wait for the Federal Government to strengthen border controls and immigration policies addressing undocumented aliens, we here in Elkhart County need Hispanic law enforcement officers and/or Hispanic undercover operatives to assist us in gaining access to information that is hidden, largely out of fear of deportation. Although my office has developed a very sound relationship with the South Bend office of the U.S. Attorney's Office, we need to develop initiatives that go beyond being merely supportive of each other's efforts, and being partners in a truly collaborative process that allows the resources of the Federal Government to be fully operational by the leaders of local law enforcement.

When it comes down to it, we need money, people and information. Money to supplement and expand investigations into areas that we know of but are limited due to financial constraints. People in the sense of broadening our scope, limited by the resources available to us locally and the lack of Hispanic confidential sources. Information as it pertains to developing stronger and greater regional intelligence and strategies, given our recognition that a delivery of methamphetamine on a street corner in Elkhart County tonight has implications far beyond the confines of that particular location.

I would like to thank this committee again for providing me an opportunity to address you on these issues and for taking seriously your responsibility in providing assistance to local communities in winning the fight on methamphetamine.

Thank you.

Mr. SOUDER. Thank you very much. We will next go to Mr. Bill Wargo, the chief investigator for the Elkhart County Prosecuting Attorney's Office.

[The prepared statement of Mr. Hill follows:]

108th Congress

CONGRESS OF THE UNITED STATES

HOUSE OF REPRESENTATIVES
Committee on Government Reform
Subcommittee on Criminal Justice Drug Policy and Human Resources

Testimony of
Curtis T. Hill, Jr., Prosecuting Attorney
34th Judicial Circuit, Elkhart County, State of Indiana

Date: February 6, 2004

Mr. Chairman. Distinguished members of the Subcommittee. Representative Chocola. My name is Curtis T. Hill, Jr. and I am Prosecuting Attorney for the 34th Judicial Circuit, Elkhart County, Indiana. As a resident of Elkhart County, which is a part of the second and third congressional districts, I am also honored to be so ably represented in Congress by Chairman Souder and Representative Chocola. Furthermore, I would like to thank Chairman Souder for convening this field hearing appropriately entitled "Fighting Methamphetamine in the Heartland" here in Elkhart Indiana which is a community truly indicative of America's heartland.

By way of brief background, Elkhart County is comprised of approximately 183,000 people disbursed among the medium sized urban centers of Elkhart, Goshen, and Nappanee as well as among the rural towns of Bristol, Middlebury, Millersburg, New Paris, and Wakarusa. While maintaining a significant agricultural base, Elkhart County is also nationally recognized for manufactured housing, recreational vehicle, and other manufacturing industries. This has resulted in a generally low unemployment rate in Elkhart County. If you can't get a job in Elkhart County, you don't want one bad enough.

I would also like to point out that the geographical location of Elkhart County adds to the characteristics that make this area red-hot for distributors of methamphetamine. A relatively close proximity to the major metropolitan centers of Detroit and Chicago along with our access along the Indiana Toll Road literally makes Elkhart the crossroads of the Midwest. As a result, this particular area of the country, where this committee is sitting today, is a prime location to do business, both legitimate and otherwise. Many of the characteristics that attract legitimate business and industry to this area are the same characteristics that attract the more notorious and corrupting influences that engage in organized criminal activities including the distribution of illegal narcotics. As a representative of the Indiana criminal justice system, I appreciate the opportunity to address this committee on the difficulties facing our local communities and on working together, proactively, finding real solutions to these difficulties.

Within the past years, the criminal justice system has witnessed a dramatic increase in the use and distribution of methamphetamine. It has seemingly come out of nowhere to become the dominant illegal drug of choice in this area. Our courts are not only deluged with delivery and possession of methamphetamine crimes, but a growing percentage of other crimes indirectly related to methamphetamine activity continue to increase as well. The corrosive affects of domestic violence, child abuse, robberies, burglaries, and identity thefts as indirect consequences of methamphetamine activity are devastating our communities. Philosophically, I recognize that education and treatment programs that work are vital to decreasing the phenomenal demand that fuels the methamphetamine monster. However, interdiction combined with swift and effective law enforcement is the best hope for destroying the organized networks that pump these poisons through our communities.

I became Prosecuting Attorney on January 1, 2003. I believe that it is incumbent upon every productive citizen to take a part in saving our communities from this spiraling decline brought on by illegal drug use. If left unchecked, the deterioration here and in the remainder of the Midwest region will continue to escalate until we see a time in the not so distant future where it will seem normal for young children to smoke marijuana cigarettes. If unchecked, it will become ordinary to live next door to a crack house. If the deterioration goes unchecked, users, manufacturers, and distributors of methamphetamine will no longer hide in the shadows of our community like so many cockroaches under a rock, but they will be out openly spreading their pain because the rest of us let it happen.

So you want to talk about fighting methamphetamine in the heartland. Let's talk.

To fight methamphetamine in the heartland, we should begin with the word fight and what fight means. It's a word that's used by many people for many things, but for me, it means fight to win. No one ever won a fight by digging in or holding his ground. If the fight ends in a draw or your opponent withdraws, the only thing that is assured is that your opponent has a better understanding of how you fight and an opportunity to come back and fight another day. To win a fight, we need to take the fight to our opponent and remove our opponent's capacity and will to fight on. That's called winning. I have no doubt that if we begin with the premise of winning the fight rather than merely fighting the fight, we will then come to terms with the resources that will be required to achieve our objectives.

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ability to blend into certain aspects of our community to establish major distribution lines. Chief Investigator Wargo covers this area in greater detail through his testimony.

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Local communities such as Elkhart County have sub-communities which have their own separate and distinctive characteristics. Therefore, the tactical planning must be flexible enough to adapt to local circumstances. For example, the City of Elkhart and the City of Goshen though separated by only eleven miles, do not share precise issues regarding methamphetamine, crack cocaine, and marijuana. Therefore, we sought input of all of our local law enforcement partners in designing an organization that would serve as the central repository for criminal intelligence and dissemination among law enforcement, coordinate and strategize the overall anti-drug effort, and supervise and conduct long term investigations concerning organized criminal activity including the manufacture, distribution, and use of methamphetamine.

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sense that their complaints are not being ignored and, therefore, more complaints and reports of suspicious drug activity are being reported to my office and disseminated to the appropriate response team and addressed within appropriate time limits.

On a weekly basis, 20 to 25 police officers and prosecutors meet to exchange intelligence information. We refer to this process as our Criminal Intelligence Sharing System. Each law enforcement agency in the county has representatives from their department participating as well as representatives from the Indiana State Police and the DEA. Through this communication process, we have set specific targets and working together, we have been very successful in bringing many of those targets to justice thus far with great confidence for others to come.

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When it comes down to it, we need money, people, and information. Money to supplement and expand investigations into areas that we know of but are limited due to financial constraints. People in the sense of broadening our scope, limited by the resources available to us locally and the lack of Hispanic confidential sources. Information as it pertains to developing stronger and greater regional intelligence and strategies given our recognition that a delivery of methamphetamine on a street corner in Elkhart County tonight has implications far beyond the confines of that particular location.

I would like to thank this committee, again, for providing me an opportunity to address you on these issues and for taking seriously your responsibility in providing assistance to local communities in winning the fight on methamphetamine.

- Curtis T. Hill, Jr. -

Mr. WARGO. Thank you, sir. Chairman Souder and Congressman Chocola and guests, I appreciate the opportunity to appear before you today. My name is Bill Wargo, I am the chief investigator with the Elkhart County Prosecutor's Office and I have been a police officer for 27 years. I currently supervise and coordinate all the illegal drug investigations throughout Elkhart County.

There are several monumental concerns confronting law enforcement in this county in its efforts to investigate and prosecute the manufacture, distribution and use of methamphetamine. Not the least of these, however, is that while methamphetamine distribution and use has become our No. 1 single drug enforcement problem, we still must face and maintain a focus on the interdiction of the distribution and use of other illegal substances such as crack cocaine, powder cocaine, marijuana and the diversion of prescription medications.

African-American street gangs, such as the Gangster Disciples and the Vice Lords have long cherished Elkhart County as fertile territory for their illegal enterprises. The primary base of operations for these organized criminal organizations is Chicago. And these two entities are primarily responsible for the wholesale distribution of crack cocaine in Elkhart County.

The spotlight on lower level and street level interdiction initiatives requires a significant commitment of personnel, yet rarely results in a large seizure of product. These types of investigations have a positive, but cosmetic effect. Because these types of dealing operations are highly visible, they generally produce a large number of citizen complaints and these complaints require a law enforcement response.

Our dilemma is balancing the response to highly visible, yet low yield, investigations with upper level, high volume investigations. The commitment of police manpower and manhours gives the appearance to the community that the police are being effective in their efforts. While the police effectiveness is naively measured by body count statistics, the actual impact on the total problem is minimal.

This is not to say that these street level enforcement efforts should not be undertaken. In fact, they are an effective law enforcement tool to develop intelligence and informants to assist in the investigation of mid-level, upper-level and wholesale traffickers. The quick hit interdiction efforts are the foundation of addressing all these other issues.

Mid to upper-level drug trafficking investigations require an ongoing commitment of personnel and a mechanism to prevent confliction of investigations that are being conducted by other agencies; Federal, State and local.

The explosion of methamphetamine use and its associate manufacture and distribution has been partially exacerbated by the stepped up efforts of Federal law enforcement agencies to interdict the importation and distribution of cocaine from South America.

Meth distribution has several distinct advantages over cocaine. The primary advantage is that the substance can be manufactured from chemicals and items that can be purchased at numerous retail locations. The process clearly is not rocket science and while it is extremely hazardous to the manufacturer and anyone who may be

in close proximity, individuals of relatively low mental capacity are able to combine the materials together and make a reasonably high quality substance. The fact that we have as few conflagrations and explosions as we do is probably a testament to luck over skill.

The local production of meth, using primarily the Nazi methods, is prevalent in this area for several reasons. One of the primary reasons is the ready availability of the primary ingredients such as anhydrous ammonia. The primary cookers are biker types that have received their training in manufacturing from other equally unsophisticated individuals.

The Indiana State Police and their clandestine meth lab teams are the sole agency qualified to dismantle these operations on a local level. This places an appalling onus on that agency.

While this local production problem is of major consequence in this county and we are constantly vigilant to investigating clandestine labs, we have not established that as our primary focal point.

Our focal point has been determined for us by the huge influx of Hispanics into Elkhart County. Over the past several years an environment has evolved that has made this county a significant distribution point for Mexican nationals dealing in methamphetamine.

Elkhart County, by anyone's definition, is heartland America. Elkhart is nationally known for its manufactured housing, recreational vehicle industry as well as other manufacturing activities and this situation means that there are numerous jobs available. In addition, this county has historically been a leader in the State of Indiana in poultry and agricultural employment. These factors have made Elkhart County an encouraging destination for immigrants looking for steady employment. It could easily be estimated that 90 to 95 percent of the Hispanics that have located in this area have done so in search of the American dream. They have come here for employment, to raise a family and to make a life that will be better for their children than what they themselves have experienced.

The unfortunate aspect of this is that this has also provided an opportunity for Hispanics that have a separate, illegal agenda, to also infiltrate this community. Historically in this country, new immigrants have held onto their own culture, language and life style through at least the first generation. These newly arrived Hispanics are doing the same thing. This creates a situation wherein law enforcement has the added hurdle of trying to infiltrate illegal activities of the minority of the Hispanic population. Law enforcement officers that do not have a background in Hispanic culture are hard pressed to conduct covert investigations into the sub-culture that is drug trafficking.

The purpose of these hearings on this matter are to try to determine what the Federal Government's role in addressing these heartland issues can and should be.

Our office currently has a good working relationship with the U.S. Attorney's Office in South Bend. We have also developed strong ties with DEA's Merrillville office through the designation of one of our officers as a Task Force Agent. The coordination of our investigative efforts has been a positive in our ability to under-

stand the scope of the problem. And we have agreed to investigative strategies that support and supplement each entity's effort.

The deficiencies that we have is that we do not have sufficient Hispanic undercover operatives. Sworn personnel and reliable confidential sources that are Hispanic and fluent in the language are a prerequisite to infiltrating the Hispanic drug cartels and distribution networks.

The other deficiency is funding for long term investigations. The quantities that are commonly being sold in and around Elkhart County are large. Where several years ago, we felt that a multiple ounce buy of cocaine was a major accomplishment, we now find ourselves with the ability, but not the resources, to make multiple pound purchases of methamphetamine.

There are several initiatives that can be promulgated. Some of the initial steps have already been accomplished.

Initiatives that have been successful in other jurisdictions but not put in place and dedicated to Elkhart and St. Joseph Counties are such as: A posted duty station for this area; designation of an OCIDETF Task Force to focus on this Elkhart/St. Joseph County problem; establishment of a HIDTA group for Elkhart and St. Joe Counties; and maybe most importantly, the assignment of a criminal analyst to focus on the methamphetamine distribution problem in Elkhart and St. Joe Counties.

A prime example of the ready availability of the Mexican methamphetamine in Elkhart County is the price points that have been established in just over the past 9 months. Since last summer, when a pound of methamphetamine was going for $7,500, through the fall, Thanksgiving, Christmas and now into January where we are now under $4,000 a pound tells anyone that the supply and demand is there. The laws of supply and demand apply to illegal as well as legal commerce.

The comparison of cocaine and methamphetamine seized or purchased by law enforcement agencies in this county over the past 5 years is reflected in the attached graphs, which I have submitted with my written testimony. It demonstrates very, very graphically that the meth problem is growing at an alarming rate.

If we are unable to find ways to attack this problem with appropriate funding levels and additional law enforcement personnel and equipment, there is little hope that we are going to be able to stem the tide of the meth explosion relying on our resources alone.

Thank you, sir.

Mr. SOUDER. Thank you very much.

Detective Anderson.

[The prepared statement of Mr. Wargo follows:]

TESTIMONY

"FIGHTING METHAMPHETAMINE IN THE HEARTLAND: HOW CAN THE FEDERAL GOVERNMENT ASSIST STATE AND LOCAL EFFORTS?"

Bill Wargo/Chief Investigator
Elkhart County Prosecuting Attorney's Office
Elkhart County, Indiana

There are several monumental concerns confronting law enforcement in Elkhart County in its effort to investigate and prosecute the manufacture, distribution and use of methamphetamine. Not the least of which is that, while methamphetamine distribution and use has become the number one single drug enforcement problem, we still must maintain a focus on the interdiction of the distribution and use of other illegal substances, such as; crack cocaine, powder cocaine, marijuana and the diversion of prescription medications.

African American street gangs, such as the *Gangster Disciples and the Vice Lords* have long cherished Elkhart County as a fertile territory for their illegal enterprises. The primary base of operations for these organized criminal organizations is Chicago. Those two entities are primarily responsible for the wholesale distribution of crack cocaine in Elkhart County.

The spotlight on lower level and street level interdiction initiatives requires a significant commitment of personnel, yet rarely results in a large seizure of "product". These types of investigations have a positive, but cosmetic, affect. Because these types of dealing operations are highly visible they generally produce a large number of citizen complaints. These complaints require a response.

The dilemma is balancing the response to highly visible, yet low yield, investigations with upper level, high volume investigations. The commitment of police manpower and man hours gives the appearance to the community that the police are being effective in their efforts. While the police effectiveness is naively measured by "body count" statistics, the actual impact on the total problem is minimal.

This is not to say that these street level enforcement efforts should not be undertaken. In fact they are an effective law enforcement tool to develop intelligence and informants to assist in the investigation of mid level, upper level and wholesale traffickers. The "quick hit" interdiction efforts are the foundation of addressing these other issues.

Mid to Upper level drug trafficking investigations require an ongoing commitment of personnel and a mechanism to prevent confliction of investigations being conducted by other agencies; Federal, State and Local.

The explosion of methamphetamine use and its associate manufacture and distribution has been partially exacerbated by the stepped up efforts of the Federal law enforcement agencies to interdict the importation and distribution of cocaine from South America.

Methamphetamine distribution has several distinct advantages over cocaine distribution. The primary advantage is that the substance can be manufactured from chemicals and items that can be purchased at numerous retail locations. The process is not "rocket science" and while it is extremely hazardous to the manufacturer and anyone who may be in close proximity, individuals of relatively low mental capacity are able to combine the materials together and make a reasonably high quality substance. The fact that we have as few conflagrations and explosions as we do is probably a testament to luck over skill.

The local production of methamphetamine, using primarily the "Nazi method", is prevalent in this area for several reasons. One of the primary reasons is the ready availability of one of the primary ingredients, anhydrous ammonia. The primary "cookers" are "biker types" that have received their training in manufacturing methamphetamine from other equally unsophisticated individuals.

The Indiana State Police and their Clandestine Methamphetamine Lab teams are the sole agency qualified to dismantle these operations for our local agencies. This places an appalling onus on that agency.

While this local production problem is of major consequence in Elkhart County, and we are constantly vigilant to investigating clandestine laboratories, we have not established that as our primary focal point.

Our focal point has been determined by the huge influx of Hispanics into Elkhart County. Over the past several years an environment has evolved that has made Elkhart County a significant distribution point for Mexican Nationals dealing in methamphetamine.

Elkhart County, by anyone's definition is "Heartland" America. Elkhart is nationally known for its manufactured housing, recreational vehicle industry as well as other manufacturing activities. This situation means that there are numerous jobs available. In addition this County has historically been a leader in the State of Indiana in poultry and agricultural employment. These factors have made Elkhart County an encouraging destination for immigrants looking for steady employment. It could easily be estimated that 90-95% of the Hispanics that have located to this area have done so in search of the "American dream". They have come here for employment opportunities, to raise a family and to make a life that will be better for their children than what they themselves have experienced.

The unfortunate aspect is that this has also provided an opportunity for Hispanics that have a separate, illegal agenda, to also infiltrate this community. Historically in this country new immigrants have held onto their own culture, language and life style through at least the first generation. These newly arrived Hispanics are doing the same thing. This creates a situation wherein law enforcement has the added hurdle of trying to infiltrate the illegal activities of the minority of the Hispanic population. Law enforcement officers that do not have a background in the Hispanic culture are hard pressed to conduct covert investigations into the sub-culture that is drug trafficking.

The purpose of the hearings on this matter are to try and determine what the Federal Government's role in addressing these "Heartland" issues can and should be.

Our office currently has a good working relationship with the United States Attorney's Office in South Bend. We have also developed strong ties with the Drug Enforcement Administration's Merrillville office through the designation of one or our officers as a Task Force Agent. The coordination of our investigative efforts has been a positive in our ability to understand the scope of the problem. We have agreed to investigative strategies that support and supplement each entities effort.

One of the deficiencies that we have is that we do not have sufficient Hispanic undercover operatives. Sworn personnel and reliable Confidential Sources that are Hispanic and fluent in the language are a prerequisite to infiltrating the Hispanic drug cartels and distribution networks.

The other deficiency is funding for long term investigations. The quantities that are commonly being sold in and around Elkhart County are large. Where several years ago we felt that a multiple ounce buy of cocaine was a major accomplishment, we now find ourselves with the ability, but not the resources, to make multiple pound purchases of methamphetamine.

Hispanic investigative personnel and funding are the two primary areas of concern for us as local investigative operations.

There are several initiatives that can be promulgated. Some of the initial steps have already been accomplished.

Initiatives that have been successful in other jurisdictions have not been put in place and dedicated to Elkhart County. Some of the Federal initiatives that should be examined for possible implementation in Elkhart County are:

A. Designate Elkhart County as a Posted Duty station for the DEA.
B. Designate an OCIDETF to be focused on Elkhart and St. Joseph Counties.
C. Establish a HIDTA group for Elkhart and St. Joseph Counties.
D. Assign a Criminal Analyst to focus on the methamphetamine distribution problem in Elkhart and St. Joseph Counties.

One of the major deficiencies that we must deal with is that we do not have sufficient Hispanic undercover operatives. Sworn personnel and reliable Confidential Sources that are Hispanic and fluent in the language are a prerequisite to infiltrating the Hispanic drug cartels and distribution networks.

The other deficiency is funding for long term investigations. The quantities that are commonly being sold in and around Elkhart County are large. Where several years ago we felt that a multiple ounce buy of cocaine was a major accomplishment, we now find ourselves with the ability, but not the resources, to make multiple pound purchases of methamphetamine.

A prime example of the ready availability of the "Mexican Methamphetamine" in Elkhart County is the price points that have been established over the past nine months: (See attached Chart)

Time frame	Per Pound Price
Summer 2003	$7500
Fall 2003	$6500
Thanksgiving 2003	$5500
Christmas 2003	$4500
January 2004	≤$4000

The laws of supply and demand apply to illegal as well as legal commerce.

The comparison of Cocaine and Methamphetamine seized or purchased by law enforcement over the past five years is reflected in the attached graphs. The graphs are demonstrative evidence that the methamphetamine problem is growing at alarming rates.

If we are unable to find ways to attack this problem with appropriate funding levels and additional law enforcement personnel and equipment, there is little hope that we are going to be able to stem the tide of the methamphetamine explosion relying on our own resources.

Respectfully submitted,

William V. Wargo
Chief Investigator
Elkhart County Prosecuting Attorney's Office

Mr. ANDERSON. Good morning, distinguished Chairman Souder and Congressman Chocola, my name is Detective Daniel Anderson from the Starke County Sheriff's Department located in Knox, IN. I would like to request that you use my written statement because I will go off of that a little bit.

Our county is very small, population, 25,000 people. Our drug task force is very small. We have one full time officer and two part time officers assigned to narcotics investigations.

The last 5 years or so the meth lab count has just kept going up and up and up. Two years ago, we did approximately 80 controlled buys in Starke County for different various narcotics. Last year, we did approximately six. The majority of our efforts have concentrated on the methamphetamine problem. The money that we use to purchase illegal drugs has now been spent to buy equipment for the officers for safety to enter these meth labs and investigate the meth labs.

In my prepared statement, I talked about our first methamphetamine lab was a rather large lab and I gave a quoted price of street value of $2,300 per ounce. In our area, we do not have an influx of Mexican methamphetamine, the majority of ours is all homemade, small clandestine labs and they average about half ounce to an ounce per manufacturing process.

I listened to the DEA and they were talking about large scale pseudoephedrine. The majority of our groups are traveling in a vehicle to dollar stores, WalMart, whatever. They will take six or seven individuals, go into the store, buy three boxes of cold medicine and stay under the suspicion level and exit the store and go to the next store. It is a round shopping trip, how they do it. The average batch, like I said, is around an ounce per batch. Seven individuals doing that or five individuals in the course of a day can get enough products to produce an ounce of methamphetamine.

We have two Farm Bureau co-ops in our county which are the supply for anhydrous ammonia. We have worked investigations on theft cases there and tried to limit that and then they started hitting the local farmers that have the product. So we have tried to concentrate our efforts on just the precursors and the chemicals needed, to not much success. We have met with retailers, tried to talk to them about their issues and it seems like lately the only conversation we have with retailers is when their shoplifter or theft loss rate gets up to the point where they are alarmed.

As far as the county goes in the last year with meth labs, we handled 23 illegal drug lab cases, 11 of those were where the Indiana State Police clandestine lab team came in and assisted. One of those labs, we netted nine individuals and three separate batches of methamphetamine were cooking at that time. All nine of those individuals went into court, asked for speedy trials, requested pauper attorneys and it bogged down the system.

Then as we went on through the year, we kept finding more labs, more individuals and the court and the prosecutor staff just became bogged down. There was no way that they could get small claims court issues, civil issues through the court for a period of time. The docket right now stands with 12 or 15 settings and the majority of them are all criminal cases, per day. The probation department has been overwhelmed as well as the jail. Our jail was

originally designed for 45 inmates. At periods last year, we were running in the 80's. At the time I typed this up, our population, inmate population, 50 percent of what we had in the jail were methamphetamine related inmates.

Initially when they come in, they need to go through a period of time where they come down off the drug. We have to put them in separate areas to protect themselves and protect other inmates from them due to the violent, abusive nature, and that takes valuable space in the jail that we could use for work release and other individuals. So we talked about that a little bit.

And as far as our coroner in the county, we went through and looked over the last couple of years and our problem is kind of unique in the fact that we have a large Oxycontin, Oxycodone problem with the methamphetamine problem. So we looked at the amount of deaths in a 2-year period related to those two drugs, and it was in the area of 16 deaths. For a population of 25,000, that was quite a bit.

I am not going to burn up as much time, but what I would like the Committee to do is look at what they can do for the small counties, the small town areas of the State. We do not have the Mexican meth problem, we have just the local problem. We need to look at trying to help from the beginning of child endangerment all the way to the jail, to the court, to the prosecution, to the probation office and then to the Department of Corrections.

I have seen individuals go to jail for 365 days, get released from jail and be re-arrested for methamphetamine 2 weeks later. There has to be some treatment or something we can do besides just housing them.

We had one case where in December a girl that we arrested with an illegal drug case, methamphetamine, was out of jail for a week and then she was found with an overdose in another county. So we have to do something.

I pointed out what the future is with the methamphetamine problem. Every county in the State is affected by the illegal methamphetamine problem. We will soon run out of funds from this epidemic in one form or the other, whether it is the jail, the prosecutor, the court, child welfare, child services. Every State in the country that is affected by the illegal methamphetamine problem will run out of funds to fight this epidemic. In Indiana now, every year we are doubling our stats almost on illegal drug labs taken down, and at some point, Indiana is going to run out of money.

And my third issue on that is every citizen in the United States will bear the cost of this epidemic or become a victim to a methamphetamine related incident. And by that I mean we all pay the cost of these cleanups, drug cases, inmates and treatment of the inmates.

What can be done to solve the problem? Our key issue in our area is pseudoephedrine and ephedrine. We talked about it being imported into the United States through Canada and Mexico. Somewhere, if you take away that product, you cannot, as the other officer said, you cannot bake the cake. And I do not know what the recommendation for that is other than to go to by prescription only or to just take the product off the market. But something has to be done.

The second issue is you have to increase funding to State and local governments that have had the problems with the manufacture of methamphetamine and the influence of Mexican methamphetamine coming in and help clean up the existing problems and hinder a further one.

[The prepared statement of Mr. Anderson follows:]

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Methamphetamines in Home Town Indiana
Starke County Tactical Narcotic Team
Starke County, Indiana
Detective Daniel Anderson

My name is Detective Daniel Anderson. I am employed by the Starke County Sheriff's Department located in Knox, which is in Starke County, Indiana. Starke County has been rated the second lowest county for income per citizen in the State. The county is mostly rural and agricultural with a population of approximately 25,000. In past years, local law enforcement dealt primarily with marijuana, and prescription drug related problems. The wide distribution of prescription drugs then became prevalent because of the high volume of people collecting disability, welfare, and Medicare benefits. For a short time, cocaine, in its pure and altered street form, "crack," was a problem. Now, the drug of choice in the area seems to be prescription drugs mixed with Methamphetamines, or "crank," which is highly addictive and easily produced from items bought or stolen locally.

Around 1995, Starke County law enforcement officials successfully investigated its first Methamphetamine lab. The subject making the drug had recently moved to the area and began producing approximately two ounces of Methamphetamine every two days. The majority of the finished product was sold to several citizens in the Starke County area. This amount of Methamphetamine has a street value of $2,300 per ounce. Due to the large size of the lab, the clean up costs were around $7,000. In this case, the costs were paid mostly by the Drug Enforcement Administration and the Indiana State Police who maintain several clandestine lab teams that are sent in to clean up the hazardous waste, and collect evidence.

As we approached the year 2000, several small Methamphetamine labs were discovered and dismantled. Safety and awareness was the first stage of our battle against the growing problem of Methamphetamine production in the Starke County area. It became very clear that we must educate ourselves to deal with the growing problem. Safety training for all first responders to a lab or dumpsite was crucial. Therefore, training was given to all local Police Departments, Fire Departments, Emergency Medical Personnel, and County Highway workers. Retailers were made aware of the common products used in the manufacturing process to aid in identifying possible suspects purchasing and shoplifting the items. Local chemical supply companies, such as the two local Farm Co-op locations, were advised of the possible impending thefts of anhydrous ammonia, a chemical used in farming, but also necessary in the Methamphetamine manufacturing process. Finally, the farm customers who sometimes maintain anhydrous tanks on their property were sent information letters regarding the risk of theft from the tanks and the possibility of labs being setup in secluded farming areas.

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The next step in trying to curb the production of Methamphetamine was to teach our First Responders and the public the indicators of clandestine labs. When our local law enforcement personnel were educated as to the signs of the existence of labs, they began to find many mobile drug labs on routine traffic stops and traffic accidents. Local firemen were able to identify illegal drug labs that caused several house fires in the Starke County area. Common citizens have informed law enforcement of suspicious activity and odors that are common with the production of Methamphetamines and labs have been stopped.

Although much has been done, there is a long way to go. The costs of pursuing the people behind these labs is far reaching. Because most of the labs involve more than one person, with some with as many as nine in one location, the problems multiply. There has also been up to three separate labs found at one location. The financial impact of this problem is tremendous. It takes money to pay the officers, clean up the hazardous waste, house the suspects in jail, prepare the criminal cases in the Prosecuting Attorney's Office and follow through in the Court. The Coroner's Office has also been hit financially with the costs of autopsies for possible drug overdoses. These extra costs have come at a time of great financial crisis for the County. For the past three years, the County has been operating on a budget close to what it was in 1995.

This problem also costs time. The officers, prosecutors and Court staff spend many hours on these cases from the investigation to the conviction of the perpetrators. First of all, with one full time officer in the Drug Unit from the Starke County Sheriff's Department, who is paid mostly with grants, and two part-time officers recruited from the Knox City and North Judson Police Departments, there is not enough manpower to address the growing problem. The Circuit Court became so backed up with speedy trial requests and pre-trial hearings from these cases that the docket was always over full Due to the high volume of cases, our prosecutors were forced to dismiss cases and enter into plea agreements that included penalties that were short of public expectation.

A special problem in our County is space. These subjects have required much room and special attention in our jail. In 2003, the jail population was close to double than what it was designed to hold. Recently, one half of the inmates housed were being held for Methamphetamine related charges. It is also a problem that most of these people require isolation initially because their drug withdrawal sometimes results in violent behavior. Starke County Jail was not designed with individual holding facilities necessary for these special needs inmates.

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A residual effect of all of the Methamphetamine manufacture is that of property crime. Since most of the items in the process are bought or, more commonly, stolen, businesses and individuals have suffered property losses from the perpetrators stealing ingredients or items of value to sell to buy the ingredients. These crimes effect the victims, of course, but also insurance companies and the whole criminal justice community in terms of financial, time, and space issues.

The most serious cost of this epidemic is that of human life. There have been many deaths linked to the manufacture and use of Methamphetamines. One local man died in an explosion and fire in his home where he was operating a lab. Another man died from hypothermia after he fled from a traffic accident in which the car he was driving contained a mobile lab. A female who served a prison sentence for being involved with a lab was released when her time was served and was dead a week later of a drug overdose.

According to the coroner, in the last two years, approximately sixteen people died of drug overdoses. In most of these, Methamphetamines were found in the system, usually with a mix of prescription drugs. Criminal intelligence gained in the summer of 2003 indicated that some drug users are ingesting what is called "The Knox Cocktail," which is Methamphetamines, Oxycontin, and Xanax. This deadly combination has claimed many lives.

To further aggravate the initial problem of the people manufacturing Methamphetamines, once they are caught, arrested, and charged, they can bond out of jail. The problem lies in that several of these suspects go back to manufacturing soon after release and get re-arrested for similar charges. There are some who are re-arrested a second and even third time before they are convicted and start serving a sentence on the original charge.

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What is the future with the Methamphetamine problem?

1) Every County in the State that is affected by the illegal Methamphetamines problem will soon run out of funds from the epidemic.

2) Every State in the Country that is affected by the illegal Methamphetamines problem will soon run out of funds from this epidemic.

3) Every Citizen of the United States will bear the cost of this epidemic or become the victim in a Methamphetamine related incident.

What can be done to solve the problem?

1) Stop the over the counter sale of all medications containing Pseudoephedrine and Ephedrine except as prescribed by a Doctor.

2) Increase funding for the State and Local Governments that have problems with the manufacture of Methamphetamines to help clean up existing problems and hinder further ones.

Mr. SOUDER. Thank you very much. And maybe before we go to Corporal Ciriello, you mentioned that Starke County is about 25,000 people, so if somebody looks at this record, to put this in context, we have a pretty wide range today. Elkhart County is 170,000–180,000 people, Kosciusko is 70,000–75,000 people. We will have witnesses on the next panel from Noble, Cass and DeKalb Counties which are more in the 35,000–50,000 ranges and then from Allen County, which is 320,000. So we have Fort Wayne in Allen County, is a mid-sized city; Elkhart kind of at the lower end of mid-sized cities to smaller and rural counties. So we will have a good mix of the meth problem throughout northern Indiana and really tracking the country.

Corporal Ciriello, thank you for coming up from Warsaw.

Mr. CIRIELLO. Chairman Souder, Congressman Chocola, thank you for having me here today. My name is Tony Ciriello, I am a Corporal with the Kosciusko County Sheriff's Office assigned to the Drug Task Force.

We are a small task force made up of five officers, three from the Sheriff's Department and two from the Warsaw City Police Department. We do operate off of a Federal grant, that is the majority of our budget and funding for our unit.

As was mentioned, our area is approximately 76,000 full time residents, but due to the fact we have 101 lakes in our area, our population doubles in the summer time, and with the population doubling, we also see an increase in our drugs doubling in the summer.

We have three bulk facilities within our county that handle anhydrous ammonia and supply it to the farmers and also we have 13 cities or towns within our county that our drug task force provides drug enforcement for.

Our task force started back in 1988, went full time in 1989 and in moving into the 1990's, we saw a lot of cocaine moving in and a lot of marijuana that we have dealt with. We heard about meth coming in but we did not see it. In fact, we did not see methamphetamine that we knew of in our county until the last 5 years. And within the last 5 years, we have seen it skyrocket. Dramatic increases in the amount of meth being sold, imported and made in our county.

We started finding our first meth lab in 2001, a clandestine lab in the basement of a home. In that year, we ended up finding five active drug labs within our community. We were pretty devastated by that: it is something we never had to deal with. And in 2002—I am sorry, in 2001, we dealt with 10 labs and in 2002, we dealt with 5. And those were active labs where we had to call in the State Police Clandestine Lab Team for cleanup. We found just as many that were not in the process of cooking, but had all the precursors and reaction vessels and everything ready to cook, but they were not in the process at the time we did those. In 2003, we increased to 11 labs and more than 30 where we just found the precursors. So there is a continuing increase. Right now, we are finding mobile labs, we are finding labs in wooded areas that are very hard for us to detect. When they are doing it in a neighborhood, the neighbors smell the fumes, as was discussed earlier, and call and report it. But when they are going out in the middle of the

woods to do their chemical part of it, we are missing a lot of it. Farmers are finding it or hunters are finding it and calling us and reporting those.

All of our labs that we have dealt with use anhydrous ammonia, we have yet to see a red phosphorus lab in our area. However, I have recently received information that there are people buying large amounts of iodine that live in our area. Iodine is a component in a red phosphorus lab. So we may begin to see those in northern Indiana a lot more.

Besides the problem with our locals manufacturing meth, we also have a large Hispanic population in Kosciusko County and that has led to a lot of importing of high grade methamphetamine. The majority of methamphetamine we get in Kosciusko County is imported from Mexico. We work closely with the Bureau of Immigration and Customs Enforcement out of Texas. They have sent agents up to work with us and we were very successful last year in arresting several illegal aliens and seizing large amounts of marijuana and meth as well as cocaine.

It is not the majority of our Hispanic population but a large part of them are illegal aliens. They travel around, stay with different people. We make cases on them for methamphetamine dealing, they move away. We issue warrants for them, they come back 3 weeks later as somebody else. It is very hard to keep track of them.

We have determined that most of the people we have been dealing with, at least in one family, have ties in Mexico, they come to Chicago, IL; Warsaw, IN; Pasco, WA and recently we discovered Gwinnett County, GA as being a part of that.

With the large importation of Mexican meth in 2002, we thought we were doing really good. We had about 4 ounces of meth, of which we made undercover buys and received. In 2003, we did 2 kilos. That is a lot for a small unit. But again, the majority of that is imported Mexican meth.

We have a lot of resources made available to our unit but funding is something that we lack. As I said, we operate on a Federal grant that provides us some money, but we only get $1,500 a year for training out of that budget for five officers. To be able to send them to quality meth lab training is impossible. Currently our grant runs out at the end of March and a new grant takes over April 1. I am down to $212 worth of buy money to buy drugs for the remainder of that time. So, you know, with the increase in the meth and the increase in meth cases, it has been tapping us financially.

In 2002 our unit made 100 cases. We thought we were doing really well. In 2003, we made 190 cases, 46 of those being meth. That averaged out to 3.8 cases per month involving meth. Up through last night, we have now made 11 cases of meth so far. We are way above our average, we just made an arrest last night. So our meth cases are increasing, we are seeing more of that than any other drug.

We do see a large importation of Mexican marijuana too, which we have taken almost 300 pounds of marijuana off the street last year and the majority of that came from Mexico.

But meth continues to be our biggest problem and it is a problem that like anybody else in this room, we are doing our best to battle

it, but we are all struggling in the funding end of it and the resources throughout the United States. And I think these hearings are pulling us altogether and giving us a chance to meet other people, work with other people and maybe solidify our war on methamphetamine and maybe try to slow it down.

We have had good luck with our cases. We are an aggressive unit and we look forward to working with other agencies, and I wish to thank you for the honor to testify in front of this committee.

[The prepared statement of Mr. Ciriello follows:]

To all present, Greetings:

I represent the Kosciusko County Drug Task Force located out of Warsaw, Indiana. Our Task Force is a small unit with five full time investigators assigned to investigate drug related activities. We have three members from the Kosciusko County Sheriff's Office and two members from the Warsaw Police Department. Our unit operates on a small federal grant supplemented by a cash match and some support from the Sheriff and the Chief of Police. Our primary area of responsibility is within the boundaries of Kosciusko County but travel to surrounding areas to assist other agencies. Kosciusko County has an average population of 76,000 people but that figure doubles in the summer months due to the large amount of lakes in the area. Our area also has thirteen towns or cities that are served by our unit. Within Kosciusko County we have three bulk facilities that handle anhydrous ammonia, a key ingredient in the manufacturing of methamphetamine.

Our task force began in 1988 with officers volunteering their time after shift work and became full time in 1989. Since the inception of the task force the amount of drugs sold has continued to sky rocket even with the aggressive actions of our unit. Although it was heard of in the early 1990's we did not see methamphetamine. However in the last five years we have seen a drastic rise in the sales of meth and the manufacturing of meth in illegal drug labs. In the year 2001 we began finding active drug labs in our county and dealt with ten labs that year. All of them used to manufacture methamphetamine. In the year 2002 we dealt with five labs that were in the process of manufacturing the meth. We dealt with at least that many where we would find precursors but not an active lab. In 2003 we dealt with eleven labs that were active and more than thirty where we just found the precursors. We have also dealt with mobile labs in vehicles and are finding more labs in remote wooded areas instead of homes like it started out. All of the labs we have dealt with are making their meth with anhydrous ammonia; we have not yet discovered or seen any Red Phosphorus labs in our area.

Besides the problem with locals manufacturing meth in our area we have a large Hispanic population and they are importing high grade meth and selling in our community. In 2002 we have developed a good working relationship the Bureau of Immigration and Customs Enforcement (B.I.C.E.) out of San Antonio, Texas. The majority of the meth we are seeing is coming from Mexico and the relationship we have in Texas has helped us to better combat the flow of the meth coming in to Kosciusko County. We have also seen an increase in the amount of marijuana coming to our area out of Mexico. With information shared and the assistance of BICE agents out of Texas we were successful in arresting several illegal aliens and seizing large amounts of drugs, including imported meth. A

large portion of our Hispanic population are illegal and play a large part in our drug trafficking. We have determined that a lot of the illegal aliens we deal with are part of a larger ring that works out of Mexico to Chicago, Illinois, Warsaw, Indiana and Pasco, Washington.

With the increase in our Hispanic population as I have stated we have seen an increase in the importation of methamphetamine. In the year 2002 we either made undercover purchases or seized a total of four ounces of meth and in the year 2003 that increased to four pounds, two ounces (approximately Two Kilos). Also in 2002 we either made undercover purchases or seized seventy-six pounds of marijuana and in 2003 that increased to two hundred twenty-three pounds. The majority of both have been imported from Mexico. We experienced an increase in our case load, in 2002 we made 100 cases netting 66 incarcerated arrests and warrants issued for 19 others. In 2003 we made 107 incarcerated arrests and have warrants issued for 40 others.

Although we have a lot of resources available to our unit one of our biggest issues is the lack of funding to pool those resources together. We operate as I stated on a small federal grant that does provide with operating monies, however that falls short every year. The grant only provides us with fifteen hundred dollars per year for training. It is virtually impossible to update training and to provide quality training on methamphetamine or clandestine drug labs for five officers with that amount of funding. Even with the limited amount of dollars we operate on each year we continue to see an increase in our case load and expenses associated with making those cases. Thus far this year we have made seven cases involving methamphetamine and another case involving a meth lab. In 2003 we averaged 15.8 cases per month and as of January 29, 2004 we have made 16 cases for the month. This is setting the trend for this year to be as busy a last year if not busier. In 2003 we made forty-six cases involving meth and as stated so far this year we are at seven. In 2003 that averaged out to 3.8 cases per month involving meth and in the first month of 2004 that has already doubled.

With increase in the distribution of methamphetamine and the continued increase in the illegal drug labs, training for officers is a needed priority. The lack of funding for small agencies and drug units prevent the officers from receiving the adequate training they need. There have been federal monies provided to the State Police for them to use to combat and deal with meth related cases. I do believe the State Police needs the money as they have the clandestine lab teams and provide needed laboratory services for testing of drugs. However it is the local drug units that are making the majority of the cases in the field. Currently when we send drugs to the Indiana State Police Laboratory for testing it is taking an average of four to five months to get results back. With that type of delay we have to wait to obtain arrests warrants and or search warrants to serve on the dealers.

I spoke earlier of the bulk type facilities of anhydrous ammonia dealers in our area. We have documented a large increase in the theft of anhydrous from these facilities. Our arrests of these persons have increased two fold and we are currently using surveillance cameras to try to catch the thieves. With illegal drugs labs on the increase this does directly increase the theft of anhydrous. A propane supplier has regulations that require a fence be put around the bulk tanks at their location. An anhydrous supplier has no regulations of that sort. I realize that the explosion hazard associate with propane is far greater than that of anhydrous but the health hazards are greater with anhydrous. Anhydrous ammonia is one of the most dangerous chemicals used in the farming industry, but when used properly is safe for a farmer to use. However the persons that are stealing the anhydrous for the manufacturing of methamphetamine are not properly trained to handle this type of chemical and are creating a substantial risk to persons that live and work near the facilities.

One of our anhydrous bulk facilities sits inside the Town of Burket surrounded by residential neighborhoods and businesses. On November 21, 2003 we arrested two males that were in the process of stealing anhydrous from this particular facility. Representatives of the company were contacted and reported to us that the men could not be familiar at all with anhydrous. Company representatives told us that the men were three threads away from removing a plug on a 1 ½" main line. The main line is the main fill line on a 45,000 gallon anhydrous tank. Company representatives stated that the tank was 85% full and had the men succeeded in removing the plug it would have resulted in the death of numerous persons in Burket, Indiana. When these men were caught in the act by our agents it was in the middle of the night when the residents of Burket were asleep and with the rapid escape of the anhydrous in to the air evacuation would have been impossible. Stricter regulations on these facilities may not prevent all thefts but would I believe make an impact on thefts from these locations. Regulations on the bulk facilities would not regulate farmers on the storage of their nurse tanks in fields. Fencing of bulk facilities would more then likely increase thefts from farmer nurse tanks in the fields however the hazards and death risks would be diminished.

I have spoken with agents from other small drug units in northern Indiana and all feel the same way. Their meth cases and drug lab cases have drastically increased and they also lack the funds for proper training to deal with this situation. Most of them operate under a federal grant as we do and the monies supplied by the grants barely cover the day to day operation let alone the training issues and monies to make purchases of illegal drugs.

The health and safety hazards associated with illegal drug labs for first responding officers (drug unit agents) are very high. The risks associated with injury or death to these officers is greatly increased when it comes to responding to illegal drug labs that manufacture methamphetamine. Currently under Indiana law if a fireman battling an arson fire gets injured and requires medical attention it enhances the crime to a Class "A" Felony. Under the current laws there is no enhancement sentence for any emergency personnel who get injured as a result of responding to an illegal methamphetamine drug lab. Current law also provides that it is a Class "D" Felony to operate an illegal drug lab unless finished product is located in the lab. The only enhancement is if finished product

is found it increases the illegal drug lab to a Class "B" Felony. Again there is no enhancement for injury or death to officers in these cases. Anhydrous as you know is only one of the ingredients used to manufacture methamphetamine in these illegal labs. A large portion of the chemicals used besides the anhydrous present a substantial risk of fire and explosion again increasing the risks of injury and death to officers. Incarceration penalties are something else that is lacking when dealing with persons who manufacture methamphetamine, a Class "D" Felony is the lowest class of felony crimes in Indiana. We have been working with retailers in our area by educating them on the precursors used in the manufacturing of meth in illegal labs. As a direct result retailer's have been trying to limit the amounts of certain type of precursors one person may by at a time. This only works if the retailer has some way to determine that a person has previously purchased these types of precursors. Even with their policy this does not stop a person or persons from making several trips to the retail stores or going in with several friends and making large purchases collectively.

Kosciusko County is also a well known for its wild marijuana that grows throughout the most northerly part of our county and also in the most southern area. Eradication efforts have been in place for a number of years but do not completely take care of the problem. In years past it was possible for persons to purchase maps in neighboring States to our area to pick their own marijuana. A combined effort by law enforcement agencies has as stated made a dent in this particular situation but again it has not stopped marijuana pickers from coming to Kosciusko County.

Another issue we have seen rise rapidly lately is the sale and abuse of prescription drugs. Although we have always had dealers sell prescription drugs we are now seeing and buying a lot of Oxycotin Pills. Oxycotin is a prescription only highly addictive pain killer. These pills have also had a direct impact on the number of drug related deaths in our county. In the year 2002 Kosciusko County had three drug related deaths. In 2003 we had thirteen drug related deaths. Of those thirteen, ten were directly related to prescription drugs, mostly Oxycotin and the other three were cocaine related. The increase in drug related deaths in Kosciusko County rose four-hundred percent between 2002 and 2003.

Kosciusko County currently does not have any type of inpatient treatment centers or centers that offer treatments for persons addicted to methamphetamine. As a drug unit we do not work with treatment facilities for the rehabilitation of drug dependant persons. We only deal with the interdiction and enforcement end of the problem. As with drug units throughout Indiana we are doing our part to stop the flow by targeting the dealers. Treatment facilities would slow done the flow if they rehabilitated the users slowing down the demand. As with most drug units we have a strong working relationship with our prosecutor and work well within the judicial system in our county. With the lack of treatment available our only options are what we are trained to do and that is to enforce and incarcerate drug dealers. We do not generally target abusers of drugs but do intervene with enforcement action when needed.

I would like to thank the members of this committee for allowing me the honor of submitting this report and the honor of testifying before the committee. If further information is needed of me or my unit I can be reached at 574-372-2494 or by email at tciriello@kcgov.com.

Respectfully submitted,

Cpl. Anthony W. "Tony" Ciriello
Kosciusko County Drug Task Force

Mr. SOUDER. Thank you. I know you were trying to be respectful of the time, but my first question to you is going to relate to something you have in your written testimony, the town of Burket. Would you go through that part of the story, because I have a particular question I want to ask about that.

Mr. CIRIELLO. Certainly. I talked about the three bulk facilities we have. One of them is located within the town limits of Burket, surrounded by houses, a school, churches and a few businesses. On November 21, we had surveillance cameras set up to try to catch the people who were stealing anhydrous, but on November 21, in the middle of the night, we thought we might have some problems, so we were out and about and we decided we would check on this facility. And when we did, we found two men in there trying to steal anhydrous. They were taken into custody without a problem.

However, the problem we found out, once we got company officials there to work with us and see what all they had got into, we discovered that they were unscrewing a plug on a inch and a half main fill line on a 45,000 gallon bulk tank that was 85 percent filled. The company representatives told us they were three threads away from getting that plug out of that tank. And that is what they told us and I sincerely believe them, knowing what anhydrous can do. If they that plug out, it would have killed the majority of the people in Burket, IN. Burket, IN is a small area, about 250 people, but it is 250 of our citizens that were endangered by these two men.

Being in the middle of the night and as rapidly as the anhydrous would have come out of that tank on an inch and a half line, evacuation would have been impossible. There would have been no saving any of them.

Mr. SOUDER. You mentioned then about a potential regulation. Could you explain what kind of regulations you would think, ideally would be done at the State level, but even at the Federal level, where there are large units? Our goal is not to restrict farmers or wholesalers, but there needs to be some way that you do not all of a sudden in the middle of the night wind up dead because some idiot decides he wants to do a meth cook.

Mr. CIRIELLO. And when you were at our office a month or so ago, I discussed this with you. You take a propane facility that has bulk propane tanks, they have to be fenced and secured from the public, to try to prevent thefts and because of the explosion hazard and a lot of safety issues. Well, anhydrous is just as dangerous, maybe not as much with explosion hazard but with a health hazard. And I think, on these large bulk facilities, requiring them—the same regulation, of being fenced in. It would provide more security to them. People who really want in are going to get in, whether there is a fence or not, but it is going to stop a lot of people from getting into the bulk facilities.

The downside to that is they will target more the farmer and their tanks sitting out in the field. But generally a farmer's tank sitting out in the field is in a remote open field, and not in a heavily populated area like we find a lot of our bulk facilities.

It is regulations like that that could help slow down the theft and the real danger involved with the bulk facilities like we could have had in Burket.

Mr. SOUDER. Well, thank you very much.

First, I appreciate all of your grassroots level work in each of your communities. It is very important, there is never enough tribute. Eventually I want to ask some questions of each one and so will Congressman Chocola. But maybe for the record, just like we have heard about how the town of Burket could have been taken off the face of the map, could you describe, I know both in Elkhart and Kosciusko, I have heard and I am sure it is true for the State Police and also in Starke County, could you describe the struggle that the individual officer has when he goes into a place where there is a lab and how we are putting each of you at risk? Let me ask a question of Detective Anderson, you said you used your money on vests?

Mr. ANDERSON. No, we bought personal safety things such as masks.

Mr. SOUDER. Have you ever worked with the Federal Government where they make different things available? Is there anything available to get protection in that program for officers?

Is Scott here? There. In the CTAC funds, do you know if there is money for safety equipment for officers when they go into a meth lab?

Mr. BURNS. That has come primarily from First Responder money. You are talking about the hazmat suits and the DEA training? Is that not right, Nick?

Mr. SOUDER. Can you come forward. This is Scott Burns who testified from the first panel. I will have to swear him in again.

Mr. BURNS. Let me answer it this way, Congressman, I have a meeting at 1 p.m., with several of the State and local folks and I will commit to you and Congressman Chocola that we will find out whether it is from Homeland Defense First Responder money or from CTAC, how we can assist.

Mr. SOUDER. Because it seems like if there is this huge demand at the local level, that ought to be one of the things we are offering to local law enforcement.

Mr. CARRAWAY. Homeland Security is making available the purchase for those first responder equipment. Some of those dollars, to my recollection, have not all been distributed, but my understanding is that the purchase for these hazardous material suits will be available out of those Homeland Security dollars.

Mr. SOUDER. Is that an Indiana Homeland Security?

Mr. CARRAWAY. Yes, that is for every State that does its homeland security initiative strategic plan, those are those Federal dollars that come down for the use of that equipment.

Mr. SOUDER. Thank you. I know we have legislation moving forward through our Homeland Security Committee right now——

Mr. CARRAWAY. These are the old 2002–2003 dollars.

Mr. SOUDER [continuing]. To address some of that, because we would like to see a similar thing, which they are trying to set up inside Homeland Security, like we have in CTAC in narcotics, where they offer different equipment. There is an analysis of what an individual community needs, what the risk level is, whether they can maintain the equipment.

But here is an unusual thing, because one of the problems we have in Homeland Security is that, for example, Coast Guard, Bor-

der Patrol, Customs are now under the Department of Homeland Security, and they clearly have the large part of the narcotics mission. In addition, FEMA and emergency response kind of relates to this and it is over in Homeland Security, but here we are using drug money, buy money, to get protection for the individual officers who are going in. Something is messed up in that process.

I got myself digressed from the first question. We have made the case that we need to do something about the vests. Could you describe, Corporal Ciriello, maybe you can because you are out there in the task force, what is it like walking up—what are you fearful for, what are you watching, have you seen individuals, you or your friends who have been caught up in this, and maybe you can describe some of the things in the other places too.

Mr. CIRIELLO. Well, given the chemicals that they use to manufacture meth, being anhydrous, ether, paint thinners, drain cleaners; you know, they are all hazardous chemicals when they are breathed in by anybody. Most of these guys that make the meth, you will find them having their masks or at least dust filters or things that they are wearing to try to protect themselves.

When we walk in on a lab, especially unsuspecting, we do not know what we are going to get into. And two of the biggest things are the health hazards associated with the fumes in it and the explosion hazard if a spark is set off. Because most of these that we find in the buildings are done in garages or basements where, you know, they are fairly air tight or as air tight as they can be to keep people from smelling it. And those are two of the biggest things we have.

One of our officers, about 2 years ago, we went to check on a tip of somebody possibly dealing in meth. It was a knock and talk at the door. Well, come to find out they had a lab up there, so we were doing some searching and there was a large Coleman cooler, opened it up and it was filled with liquid anhydrous. Our officer got the fumes of it, just a big faceful of it. He spent 7 hours in the hospital taking breathing treatments and then went to outpatient breathing treatments for a few days afterward and was on medication, just for that one large faceful.

That is something that we are facing a lot in these labs and at these anhydrous facilities when we are out sitting on them at night trying to catch the people that are stealing it. And a lot of times when these guys come in, they don't know how to handle it, so they will come in and get their little dip and run off and leave the valve open and we end up with the fire department down there to try to wash things down and some evacuation. But those chemicals are very toxic to the human body, and not only the officers going in, that is one of our big concerns, but as testimony has told a while ago, the children in there.

We had one guy we got three times last year, three different labs and his twin children were in the house every time. And we removed them with the help of child protective services all three times. The family has now since moved away from our county to a county in the northern part—a little farther north of us to get away from us because they feel that we are targeting them and picking on them. But three active methamphetamine labs in 6 months.

Mr. SOUDER. I am trying to figure out what county.

Mr. CIRIELLO. It would be north and just a little west, not quite your county, just a little west of you.

Mr. SOUDER. Anybody else want to share anything on that?

Mr. CARRAWAY. It is very important to understand, Congressman, that we stress time and time again to law enforcement agencies, to the public, to those that have a suspicion that someone is cooking methamphetamine or that anhydrous ammonia is being utilized, to make a call to the Clandestine Lab Team. It is obviously against the law to go into these places without the appropriate protection, but also because of the zealousness of law enforcement in trying to do the right things, these accidents end up happening. But we urge again and again to make a phone call and get the appropriate responding agency. Sometimes it just happens and we all understand that, but realizing that they are very, very dangerous situations, particularly if you suspect that is happening, a phone call to the appropriate responding agency may avert a tragedy.

Mr. SOUDER. So how, as a practical matter if knock and tap, is that what you said?

Mr. CIRIELLO. Knock and talk.

Mr. SOUDER. Knock and talk. Sounds so friendly. [Laughter.]

Knock and talk, and they say they have a meth potential cooking situation and you do not know——

Mr. CARRAWAY. Back out of the situation, make a phone call to those——

Mr. SOUDER. How long does it take the State Police to get there?

Mr. CARRAWAY. We have 100 officers that are part of the Clandestine Laboratory Team. There is not a day that goes by that the team is not called out to either remove an abandoned site or an active site. So certainly the timeframe is insignificant to the danger and the amount of harm that could happen to them. I do not have any stats about how long it would take, but these teams are strategically placed across this area.

Mr. SOUDER. Mr. Wargo.

Mr. WARGO. Sir, our office, along with the State Police, hosted a presentation here early in 2003 and invited everyone in Elkhart County that works for the various cities and county agencies; building inspectors, fire personnel, volunteer fire personnel, State police personnel, put on a very extensive program. What we had hoped to accomplish by that, and we invited all of our law enforcement officers as well, is that as soon as you suspect that you have a meth lab, back out, secure the perimeter, contact Indiana State Police. So our officers are very much aware that they have no skill in trying to deal with what they may encounter in this situation. The problem is making sure that they are aware of their surroundings if they see 300 empty boxes of Sudafed and they start putting two and two together coming up with four. But the main thing is to secure the perimeter and contact the people who have the expertise, the equipment and the ability to dismantle it.

Mr. SOUDER. Detective Anderson and then Corporal Ciriello. I need to yield to Congressman Chocola, but I want to kind of play this out.

All that sounds really good, but you are saying you are using drug buy funds to buy protective equipment. They are saying the State Police is supposed to come in and do that. Why do you need protective equipment? You are saying your officers were there in the middle of it, they did not necessarily know what exactly they were getting into. What is your reaction to that? Let me be really kind of inflammatory here for a second. If you are from Allen County or St. Joe County or Elkhart County, are they big enough, do you get response fast enough? What is the deal here?

Mr. ANDERSON. We bought the equipment after we raided the lab with nine individuals and three batches cooking at the same time. We had one individual down in the house and we had no way of assessing even what was going on. They were at the point of using what is called an HCL generator and there was just a lot of smoke in the house. As you got near the door, you could feel the acid burning on your tongue. So that is when we decided that we needed to protect ourselves, because eventually, even after the clan lab gets there, we are still going to be in there helping them process the evidence.

Mr. SOUDER. But do you agree that the best approach and that that is functional to say OK, this looks like we see some materials, back up?

Mr. ANDERSON. Yes, we call them every chance we can.

Mr. CIRIELLO. And we do the same thing. Every time we find a lab, we do call them to come in for the cleanup process. Our thing is, and we talked about the hazards to our officers, is when we first pull up and discover the lab, and we have individuals in there working the lab cooking, we have to make the arrests on them and get them out and secure the area. Once we get the individuals that are doing the manufacturing out of there, we secure it, we stay back, we call them and let them come in and do their thing.

Mr. SOUDER. We will followup on this a little bit more. Mr. Chocola.

Mr. CHOCOLA. Just to followup on that. If you have information that there is a potential lab, do you call the State Police to go with you or do you go by yourself, if you had previous knowledge?

Mr. CIRIELLO. If we know that we have a lab that we are going to be going to, we go ahead and contact the clan lab team from the State, let them know where it is at, and they have questions that they need answered, so they know who to call out, how many to call out and so on. We answer them the best we can. We have not in the past waited on them to get there. Generally where we are at, the closest place to us is Fort Wayne and it takes 2 or 3 hours. It is not their fault, I mean, you know, the equipment has to come or they may be tied up on other labs. We go ahead and serve a search warrant and get the individuals involved and again secure the area from there. But they are notified as soon as we are going to get a search warrant on a meth lab, we call the lab team and let them know.

Mr. CHOCOLA. Detective Anderson, you brought a kit with you.

Mr. ANDERSON. Yes.

Mr. CHOCOLA. Could you describe that just briefly?

Mr. ANDERSON. Basically that is a safety kit that the three officers have. There is a respirator in there with different cartridges

for whatever gases they might encounter, whether it be anhydrous or phosphene, and then some field test kits for, you know, sampling the drugs to determine what you do have.

One of the things that I have been called out to several times is leaking anhydrous cylinders, and one of them that was another reason that I purchased the safety equipment, kids went to get on a school bus at a house over by North Judson and there was a big white cloud like a fog coming out of the woods back behind them. Apparently their father had bought some old anhydrous tanks to convert to propane for irrigation systems and somebody had found them and started stealing the leftover anhydrous and left the valve open. So I went out there with a fire department person and we had to shut the tank down because it was blowing right at the two houses there.

So sometimes, we do not have the luxury of waiting or calling and waiting for the State Police, we have to go in and secure suspects and secure the area to keep other innocent people from becoming involved in the mishap.

Mr. CHOCOLA. Are these people that are operating these labs, are they typically violent and do you have to go in there fearing for your personal safety? I am sure you do, but do you typically encounter violent situations or not?

Mr. WARGO. In our experience, I would say yes, sir, and also in addition to all of the hazards associated with the chemicals, the precursors, I do not think we have done a search warrant on a meth operation where there were not firearms also recovered.

Mr. ANDERSON. We are finding a lot of firearms in our arrests. Most of them usually run or fight or we find firearms.

Mr. CHOCOLA. Do they use other drugs as well? Are they typically involved in several different drugs or are they pretty much strictly on methamphetamine?

Mr. WARGO. No, they are very much multi. They will be smoking pot, snorting meth and cooking at the same time. If you take someone who is really not very sophisticated, they have picked up this recipe—I heard some folks talking about the Internet, that is one source. These people exchange this information amongst each other in jail and other places. A very unsophisticated person putting together and cooking a bath of meth, smoking dope and doing it all at the same time. Obviously you put all those ingredients together and it is probably the most dangerous thing I think that law enforcement has to deal with.

Mr. CHOCOLA. One of the most revealing things to me that we have heard in testimony today, I had the impression that most of the methamphetamine in our local area was the result of local manufacture in these labs, but we heard from the previous panel that 80 percent of it is coming from outside of our area and Mr. Hill, you testified that is probably the experience here in Elkhart County. Is that correct?

Mr. HILL. Yes.

Mr. CHOCOLA. Starke County may have a different experience.

Mr. ANDERSON. I am not aware of any of it.

Mr. CHOCOLA. The question I have is why does anybody engage in local manufacture? Are they doing it because it is cheaper for them or are they doing it because there is effective enforcement of

things coming in, so that they do not have the supply coming from these superlabs so they resort to doing it themselves? Why are they engaging in it?

Mr. HILL. Actually if you do have the stuff coming in from out of the area, it is better quality, you can get it fairly cheaply and you do not run the risk of blowing yourself up. So it is a much better deal for someone. I think in the areas where it is being cooked, it is probably an example of less availability on the organized networks and then along that line, I want to emphasize one point. We have talked a great deal about this coming in from Mexico and Hispanic organized criminal contacts. This is not a, methamphetamine is not a Mexican problem or Hispanic problem in that sense. We have large populations of Hispanics that are in the area, many legal, some illegal, and many of those who are in the area that are illegal are not here to engage in criminal activity. We are really talking about a small minority that is taking advantage of the availability of these Hispanic communities here to blend in, to hide among them, and to become a distribution line. So I think it is important to understand that this is not an issue of Hispanics are here and so is the meth, and let us blame all Hispanics. That is not the issue. It is a matter of taking advantage of the fact that there are people who want to be in this community and hiding among them.

Mr. CHOCOLA. If we were to shut down every lab in Indiana, we still have a huge problem. That is accurate, right?

Mr. HILL. Yes, sir.

Mr. WARGO. In addition, I think Mr. McClintock referred to it and I referred to it early in my testimony, our crack cocaine wholesale operations are primarily out of Chicago. We have developed intelligence very recently that some of our local African-American organizations have developed contacts with some of the Hispanics here and are getting cocaine product from them as well.

Mr. CHOCOLA. Thank you.

Mr. SOUDER. Mr. Carraway, we recently—I mentioned the budget and we were talking a little earlier that, is it $700,000 that the Indiana State Police has?

Mr. CARRAWAY. Yes, sir.

Mr. SOUDER. Could you describe, that we specifically in the appropriations bill earmarked for meth in Indiana.

Mr. CARRAWAY. Sure.

Mr. SOUDER. So could you describe a little bit what you are likely to use that for and what your greatest need areas are, as we look at next year's budget?

Mr. CARRAWAY. As you can imagine, the largest portion of any of the resources that are utilized to clean up laboratories, to be there to collect evidence, to be part of the investigative team, is the manpower hours that are utilized. Individuals are called out at all times of night. As I explained, there is only about 100 of these certified officers in the State and there is not a day goes by that I do not get a report of at least two to three of these labs in the middle of the night that have been assembled. So overtime manpower dollars is a large portion of that. Another portion is for equipment, both personal protection equipment as well as laboratory services equipment; breathing apparatuses are very important, evidence

kits for the technicians are very expensive. Also the containers in which you collect and then dispose of, trailers utilized to move this back and forth to disposal areas are also very expensive. Laboratory analyzing equipment has also been utilized and also manpower dollars to hire technicians to actually analyze a lot of the submissions that we receive. As you heard, our submissions are up enormously.

Another part of the dollars have been spent is for training. Training of officers, training of hotels and motels, training of social services workers, training of co-op farmers as well as co-op opportunities. So those are some of the areas where those dollars actually have been spent. As you can imagine, they do not last very long.

Mr. SOUDER. Particularly if you are paying people $180,000 a year.

Mr. CARRAWAY. Now, now.

Mr. SOUDER. Our officers in the line of duty are not overpaid, I think most of us agree with that, no matter what their level is.

Mr. CARRAWAY. Sure.

Mr. SOUDER. In listening to Mr. Ciriello's point and as we try to work this through, do you see if labs are doubling every year and their drug task force has five people. How many would you say on a bust like that would be involved, two officers or your whole team?

Mr. CIRIELLO. No, we use the whole team.

Mr. SOUDER. So the whole team is there and if somebody cannot get there for 3 hours, the entire county's team is tied up waiting. Do you see additional staffing posts around or how do you see addressing that question? Otherwise, the police departments are not going to be able to function with this, particularly if it is doubling every year.

Mr. CARRAWAY. I think each one of these gentlemen addressed the issue and so did Mr. Burns and Armand in their presentation. One of the most vital ingredients to helping eliminate and take down a meth lab is information, intelligence, to share that information, to get a broad sense of what really is happening before action has been taken.

And I think we can do that in a number of different ways. Mr. Hill talked about the criminal intelligence sharing, which is an initiative that is taking a broad approach across the country. We understand how difficult it may be to establish a methamphetamine HIDTA but Mr. Burns talked about bringing a lot of resources into the community with which to deal with that. One of those ingredients, one of those resources will be that of sharing intelligence information, criminal intelligence information. What we probably need to establish again, this is just simply my take on this initiative and something we are going to try in central Indiana, is to create an intelligence fusion center. By doing that, bringing together again all the partnerships here in the area, share that criminal intelligence information, whether it be drugs, violent crime, fraud investigations. All of those issues in ways will address the issue of drug movement in the area but will also address probably another issue that we do not think so much about, terrorism. And we can accomplish that and then utilize those homeland security dollars to accomplish it.

Mr. SOUDER. Can I ask you a very particular question, there are State Police folks on I–69 in Fort Wayne, and they have lab training. That is where they would move out of?

Mr. CARRAWAY. That is correct.

Mr. SOUDER. Is there a similar one up in the South Bend area?

Mr. CARRAWAY. Another laboratory?

Mr. SOUDER. No, a place where——

Mr. CARRAWAY. We have a post in Bremen, yes. And the toll road.

Mr. SOUDER. And if somebody called for help for clandestine lab, any of those posts could respond?

Mr. CARRAWAY. Yes.

Mr. SOUDER. How many total people do you have that would do that?

Mr. CARRAWAY. Again, 100 individuals that are certified.

Mr. SOUDER. For northern Indiana or that is for the whole State?

Mr. CARRAWAY. That is the whole State, 100. That is very important because they have to be certified, OSHA certified in doing this. As you can imagine the liability issue is very important, so they have to be certified to do this.

Mr. SOUDER. Do the posts have multiple teams trained in this?

Mr. CARRAWAY. Yes.

Mr. SOUDER. And you felt it is better to have them concentrated than have them——

Mr. CARRAWAY. Well, again, as you can see, this issue is all over the State, but we have to be able to call them out at a minute's notice. So yes, sometimes it may take that long for officers to get there.

Mr. SOUDER. Do the people who are responding when they call and say I need a cleanup team, that 100 is designated specifically for that issue, they cannot be diverted to another issue?

Mr. CARRAWAY. Oh, yes, certainly. It is not all 100.

Mr. SOUDER. Part of the problem, Fort Wayne is the biggest area in my district and it is 330,000 people in Allen County, about 220, 240 in the city with annexation, which rapidly changes every day it seems like. That was a political statement.

Mr. CARRAWAY. I understand.

Mr. SOUDER. Allen County is sitting there with 330,000 people, the tremendous demands on the State Police post there, how does that impact if that is the primary area, all of these smaller counties where the meth labs have the greatest pressure and Allen County does not have that? I am just wondering how that tradeoff occurs when you are the commander and you have cocaine busts going down, huge truckloads of marijuana coming through, heroin on the street, Oxycontin, Ecstacy and all this going on in Fort Wayne. Trying to deal with all that and then these smaller counties call up and say we are sitting at somebody's house, he has got meth and they are told they cannot go in. I mean is there any way we are going to be able to do more training down so it does not have to be concentrated just with the State Police is kind of what I am asking.

Mr. CARRAWAY. Sure, I think that can occur, certainly. The DEA obviously is having a rough go at trying to train everyone in that aspect of doing it, but it is very important. This is highly explosive

and toxic material that people are dealing with. And I think the training is 40 hours just to be certified and being able to dispose of this issue.

So yes, that can occur, but it is going to cost dollars, it is going to cost manpower. We do not have all the resources, and you are exactly right, Congressman, we do not.

Mr. SOUDER. If it is going to double every year.

Mr. CARRAWAY. What we try to do is simply meet the need that has been happening and with all your help, the dollars that you have been providing to us has been allowing this overtime to be spent on these officers to respond.

Mr. SOUDER. And it is hard for us, particularly with all the media stories, to understand the problem is actually greater in southwest Indiana.

Mr. CARRAWAY. That is right.

Mr. SOUDER. Oh, by the way, I wanted to have Mr. Wargo go through that chart he started because one of the things we measure as to whether something is effective or not effective is the price going up or down. You have a chart in your written testimony that you alluded to that is really dramatic about meth in Elkhart county.

Mr. WARGO. Yes, sir. Over the past 9 months, purchases by undercover personnel, in the summer of 2003, $7,500 a pound; in the fall of 2002, $6,500; Thanksgiving, $5,500; Christmas, $4,500 and into January 2004, it dropped below $4,000 a pound.

Mr. SOUDER. That is a really rapid and consistent reduction, which is kind of worrisome.

Mr. WARGO. Yes, sir.

Mr. SOUDER. Mr. Hill, you as well as Mr. Wargo mentioned about the lack of Hispanics to work undercover. I remember when I worked with Dan Coats and we were focusing on a lot of this type issue I think back in 1989, in the entire State of Indiana, we had one undercover Hispanic who was working out of Kokomo and who was fearing for his life because every police department in the State was using him at that point.

Mr. HILL. That is right.

Mr. SOUDER. What efforts are done, we have looked at this in the terrorism area of needing a rapid expansion of people who understand Arabic. Right now something could come across the bridge and be anthrax in Arabic and we would not even know unless we caught it another way.

But in the Hispanic language, it would seem to a person who walks in here that there are plenty of Hispanics around who can speak Spanish. Do we need to do specific, targeted recruitment programs aimed at law enforcement to welcome people in, to work through this, what needs to be done to boost this?

Mr. HILL. I think generally speaking, we would all, all of us in law enforcement would love to see more minority representation across the board or representation of all the multi-faceted people that are in our community. It is always helpful. And that would just be from a regular patrol officer, let alone undercover operatives.

The nature of the undercover operation is such that it takes a particular type of individual. Not every police officer is really quali-

fied or good at being undercover. So that is something. We need to, because as Mr. Wargo indicated, we are in this phase of having so many people first generation, there are some cultural buildups of mistrust in terms of what this community, how we treat, for example, domestic violence, and how it is treated in other areas. I spoke at a forum several months ago where the issue of domestic violence came up and the concern was we cannot come and talk to you in your office about domestic violence because we are afraid that you are going to report the abuser. We get into those concerns.

So I think it is very important that we try to concentrate on ways to get people in. Now we can send out signals and say we would like for people to apply, but because we have had in the last 5 years a huge rise in the number of people here, we may just not have the pool of available people who want to engage in law enforcement. That is from the police officer standpoint. From the confidential source standpoint, that is always an interesting subject in terms of who wants to step up and help the police. That is not exactly an easy thing to do at all times. So we are working on those things as well. It would be very, very critical to us to gain information on who are the bad folks, and we talk to people about that. And I think the Hispanic families that I have talked to here in this community, their understanding, they do not want to be associated with that negative stereotype that all Hispanics are bad or all Hispanics are on drugs. And that is the message we would want to send, if we can get information about who the bad people are that are making them susceptible to the stereotype. We can help ferret those people out of here so that we can all live together in one happy community.

Mr. SOUDER. I assume it is especially hard to penetrate certain families that have a history of criminal activity, who are inter-connected? Talking about the one family that may, if it is Pasco, WA, that is a big migrant labor area that deals with fruit and vegetables; in Indiana we have some of that; so does Gwinnett, GA. The vice chairman of this committee, Nathan Deal, happens to represent Gwinnett County, GA and we see this kind of pattern of movement. But I would assume if you have large, and not in the local cooker part, but in the large dollars coming through, what we have is inside certain sub-groups that are not necessarily, but probably has intense pressure on the families. Could you describe a little bit how this would relate to trying to penetrate into that larger network which comes in in both Elkhart and Kosciusko? You said those were networks. And then the second thing is the ranking Democrat member on this committee, Elijah Cummings, caught me on the floor the night before last and said we have to do more for witness protection.

In the ONDCP reauthorization, we have a thing, in tribute to the Dawson family in his district in Baltimore, where a lady started working with law enforcement and one of the drug gang people fire bombed her house and burned her and all her kids to death. There has been a rise in intimidation in a lot of these big cities in particular, but I am sure it is elsewhere, of witness intimidation. Have you seen any of that? When you say people are unwilling to come forward, part of it is look who you are cooperating with, are you being a traitor to my family, but another thing is the actual danger

to the individuals. Particularly the bigger the type of case. If it is part of the transportation network that is putting a lot of narcotics into a zone, I presume it is a lot more pressure than a small one where they can basically abandon it and run to something else or move to another county. You are looking at potential Federal violations, life sentences, all sorts of different things.

Any comments?

Mr. WARGO. There is very much an intimidation factor that we have to try to overcome, especially with the first generation individual. Whether they are from Latin America, Central America, Cuba or Mexico, they do not trust law enforcement, they do not trust the judicial system. So they are very reluctant to talk to us at all. So it is even more easy to intimidate those people, because you not only convince them that if you talk to the police I am going to kill you or cut your throat. Or No. 2, if you talk to the police, you know they are all corrupt, they are all crooked and, you know, they are going to tell me that you have been talking to the police. They are predisposed to believe that what they have experienced in their home country prior to coming here. It would be very easy for someone to convince them that both of those things are true. No. 1, I will cut your throat. No. 2, if you talk to the police, they are on the take and they are going to tell me that you have been talking to them. So the intimidation factor is huge.

We have had several homicides in Elkhart County in 2003 that are directly related to the drug trafficking and intimidation. We had one witness that was murdered that was going to testify in a trial the following week. We had another person that was murdered as part of another drug investigation that was ongoing. And it is very easy to point to those murders, and in some cases I think they take credit for murders they do not commit, and say you see, you saw what happened to him, right? Well, that is what will happen to you. So that is a huge problem that we have and then complicate that even more by the language barrier. And that is what we are trying to overcome.

Mr. SOUDER. Mr. Ciriello, do you have anything to add?

Mr. CIRIELLO. The things that Bill said are the things that we see also.

Mr. SOUDER. Mr. Anderson, you said you had some deaths in your county due to Oxycontin.

Mr. ANDERSON. Yes.

Mr. SOUDER. If you lump the two together, how many were Oxycontin?

Mr. ANDERSON. I do not have those exact stats. They have what they are mixing and calling a Knox cocktail, and that is where they are mixing Oxycontin, Xanax, methamphetamine together and what I looked at on those 16 deaths were one of any one of the three as a combination in overdoses.

Mr. SOUDER. OK. Do you have any additional questions?

Mr. CHOCOLA. Just one last, Detective Anderson, your testimony today and our conversations earlier, it strikes me that you say somebody could be incarcerated for a year and within a week they are back at it. What is a deterrent? I mean are prison sentences, harsher sentences, is that a deterrent for this or not?

Mr. ANDERSON. Well, we certainly would hope so. Here in our jurisdiction, we firmly believe in utilizing long prison sentences for dealers as an effort to deter and essentially raise the stakes and say if you are going to come into this community, here is what you are going to look at. Is that the complete solution? Probably not, but I also hear talk about treatment which we all would like to see. But with the treatment aspect, unless someone is willing, No. 1, to seek treatment and then also willing to take the medicine, if you will, treatment can sometimes go up in smoke as well. So it is going to be a multi-faceted approach.

But certainly if you have major distributors of methamphetamine in your community and you want to send a message to that person and you want to send a message to all his buddies that are out there waiting to take his place, it is come on out and we will send you down to prison once we get you. That is the message that we continue to drive home.

Mr. CHOCOLA. I unfortunately will not be able to stay for the completion of the third panel, but I wanted to ask this to the folks on that panel. If someone is willing to engage in treatment, rehabilitation, is there success? Have you seen success? Or is this a tougher or different drug than some others?

Mr. HILL. I would say the first thing is if someone is willing, that is half the battle right there. What we see sometimes in law enforcement and the court system is everybody steps up to the plate when the judge is on the bench and says Judge, I need help. And that is a little disingenuous at that time. We do not know if that person really needs help, desires help or wants to show contrition for the sake of getting through the system.

From my standpoint, any time someone steps up and says I need help, I need treatment—if we had somebody that came to our office today and said look, I am a large methamphetamine user, you have not caught me yet, and I need help. We are not going to arrest that person. We are going to do what we can to find that person some help, because they are somebody who said I need help and I am willing to step up to the plate. It is a little bit different once we have caught them in the net in terms of how at least I view it.

Mr. ANDERSON. What I have been seeing a lot in our area is the local doctors are prescribing methadone or methadose to try and bring them off of the meth and the Oxycontin and the last problem we had, we were finding methadose tablets all over this lab location, so I am not sure that is a cure either. You do not use a drug to break another drug.

Mr. CHOCOLA. Thank you.

Mr. SOUDER. Thank you. I really appreciate the patience of the third panel, but I want to do one other thing before we do this. And we do not usually do this at a hearing but there is a particular circumstance.

Mr. Murtaugh, you have been here this morning, if you could, would you like to say anything? If you would come up, I will briefly swear you in because he is from the U.S. Marshal's Service.

[Witness sworn.]

Mr. SOUDER. Will you state your name and position for the record?

Mr. MURTAUGH. David Murtaugh, U.S. Marshal, Northern District of Indiana.

Mr. SOUDER. You have been able to listen to two panels here.

Will you spell your name for the court reporter?

Mr. MURTAUGH. M-u-r-t-a-u-g-h.

I believe I can only support what they have said here. The information highway is what needs to be brought here. As the superintendent said, we have information from Elkhart County and it is not being shared with information from St. Joe County or Starke County or Kosciusko County. And that is what the HIDTAs are intended to do. They are intelligence driven and that is what we are trying to do, is to try to develop intelligence data bases so that we share information, so that we share jail records, so that we share what other task forces are doing, because criminals go from one area to the next and if we are not in a position to be able to share the information with our fellows in law enforcement, then we are breaking down.

That is one of the other things that I think we really need to move forward with and we need help in those areas because that is something that is very easy to do with the information technology that is available today and data bases. If we put those in, then data bases can be built and they can be shared statewide.

Mr. SOUDER. Thank you. And if you want to insert anything additional in the record, I wanted to make sure that I got it into the record that you are here because the U.S. Marshal's Service is often not as recognized in the process because you are the executing division. The bottom line is if you do not get the warrants served, if you do not get the guys from place to place, the whole system breaks down. And we appreciate the efforts that you have done in northern Indiana in assisting in the narcotics effort.

Mr. MURTAUGH. Thank you.

Mr. SOUDER. With that, this panel is adjourned. We are going to take a brief recess, very brief, and if the third panel will come forward.

[Recess.]

Mr. SOUDER. The subcommittee is now back in session. If each of the witnesses for the third panel will raise their right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that all the witnesses responded in the affirmative.

First up on this panel is Mr. Kevin Enyeart, he is the Cass County prosecutor. We appreciate, let me say up front, the third panel always gets kind of the short end of the stick in one sense because everybody in the first two panels will tend to go, although a few will be around I can see here. But under our committee procedures, the standard is pretty clear that the Federal Government representatives are in the first panel and then we try to do a mix on the other panels and I appreciate your patience with this. It will all be there the same regardless. But I appreciate your willingness to be patient with us getting a little bit of a late start and then having lots of witnesses.

This has been very comprehensive as you can see, and as we move through this, we are continuing to move through the law enforcement side and then into prevention and treatment questions,

because we cannot just do it with the law enforcement side. That is why it is a good balance to work through the process in the hearing of identifying the problems and then what we are trying to do to help with the problem, not only with law enforcement, but also with the treatment side.

So, thank you, Mr. Enyeart, for your willingness to be here as a prosecutor dealing with what we heard earlier of some of the challenges. I will yield the floor to you.

STATEMENTS OF KEVIN ENYEART, CASS COUNTY PROSECUTOR; DOUG HARP, CHIEF DEPUTY, NOBLE COUNTY SHERIFF'S OFFICE; SERGEANT JEFF SCHNEPP, LONGANSPORT-CASS COUNTY DRUG TASK FORCE; BRIAN CONNOR, ACTING EXECUTIVE DIRECTOR, THE CENTER FOR THE HOMELESS, SOUTH BEND; BARRY HUMBLE, EXECUTIVE DIRECTOR, DRUG & ALCOHOL CONSORTIUM OF ALLEN COUNTY; AND BENJAMIN MARTIN, SERENITY HOUSE, INC.

Mr. ENYEART. Thank you, Mr. Chairman. Good afternoon now. My name is Kevin Enyeart, I am the elected prosecutor for the 29th Judicial District of Indiana which is Cass County. I have been in that position as the deputy prosecutor/prosecutor for over 8 years now. I want to add something that is not in my written testimony.

When I was a part time deputy prosecutor, I also represented the Division of Family & Children, something I took a great of pride in. And I could not agree more with the testimony of Mr. Burns earlier when he said this should be about children first. I say that for a lot of reasons, one of them being an example. One of our methamphetamine labs that we shut down, we went in and a 5-year old boy was helping his father cook methamphetamine. The boy told law enforcement "I am helping daddy make medicine." I think that underscores the importance of putting children first and we need to do that also in the methamphetamine problems that we face.

I consider it a great privilege to be able to be here today to testify and I will start out by telling you a little bit about Cass County. We are a rural county. Logansport is the county seat, we are just under 41,000 people. And the reason that is important is because the large methamphetamine problem that we have is directly related to the easy access of anhydrous ammonia in our community.

Prosecutor Hill said earlier that a large part of the problem here appears to be outside sources of methamphetamine, and I do not want to underscore that enough. I think that in Cass County, we also have outside source problems with methamphetamine, but what we are seeing in the lower socio-economic levels is methamphetamine labs that are made, set up to sell methamphetamine. You also have the low level users who are doing it just for their own use, but we are seeing a lot of people who are actually setting up their own lab in order to effectively market and make a profit in the methamphetamine problem.

We in Cass County have been overwhelmed by the methamphetamine problem. We have had an additional court added recently. We have a great number of cases in our system. We tried just one

this week. There are both direct and indirect consequences to the use of methamphetamine, but from a criminal justice perspective, it is very important that we focus on the indirect. The direct is obvious, the people who are hooked on methamphetamine, the people who are distributing methamphetamine and the people who are manufacturing methamphetamine. But in my opinion, as a prosecuting attorney and looking at what we see in the criminal justice system, the most important things that we need to look at are the indirect consequences—the health of the people involved, the loss of jobs, the loss of homes, the problems that we have dealing with children and the long-term effects on them.

One thing that I have not heard highlighted today is the highly addictive nature of methamphetamine. I think it is so well recognized among everybody who testified, we take that for granted. But in the criminal justice system, what I have seen, once we have somebody charged with felony offenses, it is not uncommon—in fact, it is rather regular for us to see someone bond out on an A or B felony methamphetamine charge and then be picked up again while they are out on bond. Previous people who were testifying talked about as many as three or four labs at a time while they are waiting for the first case to go to trial. And Cass County, IN is no exception to that. The burden on our criminal justice system is extraordinary. That is the one thing that I would like to highlight.

As a prosecuting attorney, I am concerned with not only the enforcement of our existing laws, but the long-term negative impact that methamphetamine has on our family members, our friends, our neighbors and our children. The cost is not just in dollar terms, but it is extraordinary. I think that is one of the things that I think is part of the job of a prosecuting attorney, to get that message out. I often say that a prosecuting attorney has a pivotal role in our criminal justice system and to our communities in general because we have the ability to be the mouthpiece in areas such as methamphetamine.

And in Cass County, our Chief Deputy Prosecutor accompanied me today, her name is Lisa Swain. We have taken very seriously reaching out to young people. I think we need to go even younger than we have, but we have been concentrating on high school aged children. And recently, when I was speaking to children, to high school students, I was shocked, because we started talking about methamphetamine and one of the things I have been trying to do as a prosecutor is tell young people do not do it. In my opinion, methamphetamine is much worse than cocaine. And when I was speaking to that classroom group of high school students, two girls, one of them turned her back to me, looked at one of her friends and I saw her roll her eyes. That was shocking to me. It was a rural, small community high school, and that really opened my eyes to the problem that we have.

Our first meth lab was in January 2001 and each year we see more and more of a problem. In Cass County, we were able to, in 2001, obtain a Byrne Drug Grant. That has been essential to me as a prosecutor because that money that is administered by the Indiana Criminal Justice Institute allowed me to hire another prosecutor. The problem is that money is drying up this year for our

office. We will not have that money next year unless Congress does something to restore that funding and make me eligible for yet another year of that funding. And I think the consequences of us losing that money would really hurt our office.

I believe that criminal prosecution is necessary and should be used in a large number of cases. However, whenever possible, our society should look at incarceration as a last alternative. And I am looking at that from a small town perspective. I was born and raised in Cass County and a lot of the people that we see on methamphetamine are hopelessly addicted to it. And that is why I wanted to talk about the highly addictive nature. Our recidivism rate is extremely high. I do not know what the numbers are, but I can tell you that my guess would be at least 9 out of 10 people, when they are sitting in jail, as soon as they get out, they are going to go try to find or make some more methamphetamine. And I have actually talked to criminal defendants who have spent time in prison who will tell you honestly as soon as I get out, I'm going to go set up another lab and I'm going to take some more meth. That is why we need to look at education and that is why we need to look at other alternatives to incarceration.

As you know, Mr. Congressman, the cost of incarceration is the most expensive thing that we can do in our criminal justice system. I believe in a large number of cases, that is what we should do. But we also need to look at other alternatives. And what I think that Congress can do to help at the local level is to help us set up money and resources for drug court programs. In limited cases, people who I consider to be low level users, we could consult with judges, probation, prosecutors and other community services to decide who would be allowed to get into that program. If we do not educate these people and give them the resources necessary, then we are just going to see them back again and again and again. And I have seen in the criminal justice system people lose everything. I have had mothers lose their children, I have had people lose their jobs, their homes and everything that they have ever worked for in their lives. And that is why that is really important, that we need to look at alternatives to incarceration.

Some people that are on methamphetamine are hopelessly addicted and we need to do whatever we can to help them get off that drug. In my opinion, the Federal Government can assist local prosecutors and local law enforcement in two ways. First and most importantly, education. Education on a national level, whether that be through print media, television media or other ways, it is very important. Second, as everyone else previously has said, we need money. We need to finance our other efforts, our other alternatives and we need that assistance from the Federal Government. Programs like the Byrne Drug Grant have been essential to local prosecutors and they should continue. Funding of these programs is difficult in these times, but we need to keep doing that because every dollar we spend in those kinds of programs helps us from spending $10 more in the future.

Methamphetamine and that problem is not going to go away any time soon and we must address it, and that is the reason why I am here today. And I do appreciate the time and offering to let me testify. I appreciate that very much.

Mr. SOUDER. Thank you for that testimony. We now have a recidivist of sorts, Mr. Harp, who has actually testified before this committee before.

Mr. HARP. That is correct.

Mr. SOUDER. In Washington, DC. Thank you for being patient and we look forward to your testimony.

[The prepared statement of Mr. Enyeart follows:]

STATE OF INDIANA
OFFICE OF THE PROSECUTING ATTORNEY, CASS COUNTY
29TH JUDICIAL DISTRICT

KEVIN S. ENYEART
PROSECUTOR

Dated: February 4, 2004

Congress of the United States
House of Representatives
Committee on Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

To: Mark E. Souder
Chairman
Subcommittee on Criminal Justice,
Drug Policy and Human Resources

From: Kevin Enyeart
Cass County Prosecuting Attorney
29th Judicial District, State of Indiana

Written Testimony
For: Investigative Hearing Entitled,
"Fighting Methamphetamine in the Heartland:
How Can the Federal Government
Assist State and Local Efforts?"

Hello. My name is Kevin Enyeart. I am the elected Prosecuting Attorney for the 29th Judicial District in the State of Indiana. That Judicial District encompasses all of Cass County. I have been a prosecutor for eight (8) years. I want to begin by thanking the Committee for inviting me to testify on such an important issue facing the great State of Indiana and our Country. I consider it a great privilege and honor to participate in this hearing.

Cass County, Indiana, is primarily an agricultural area. Logansport is the County seat. The county's population stands at 40,930 people. I begin this way because methamphetamine is a growing problem in Cass County, which is directly related to its agricultural heritage and easy access to anhydrous ammonia, one of the primary ingredients used in the manufacture of methamphetamine.

Law enforcement in Cass County has been overwhelmed by the emergence and dramatic increase in clandestine methamphetamine lab operations, methamphetamine distribution and possession, and methamphetamine use. This is an area in the criminal justice system which presents many problems for a small community like Cass County. The dangers of methamphetamine are many. There are both direct and indirect consequences that result from the injection of methamphetamine into our community.

The direct result to the individual user is obvious. The people who use methamphetamine are directly and negatively impacted by the drug. The personal toll is heavy, which includes detriment to health and serious negative consequences to all other aspects of the person's life, including their family and their work and their basic ability to function as a productive member of the community. Methamphetamine is an insidious drug which can cause violent behavior, paranoia, insomnia, anxiety, auditory hallucinations, confusion, mood disturbances, and delusions in the user. The permanent damage in an individual is similar to Alzheimer's disease and epilepsy. It can cause psychotic behavior and brain damage. Direct consequences to the individual as I have seen them are dramatic and possibly irreversible. Methamphetamine is highly addictive. The addictive cycle of this drug is one of its trademarks. The addiction is far-reaching and nearly impossible to defeat. The rate of recidivism is extremely high. In my own personal experience, I have seen people completely overtaken and consumed by methamphetamine. Further, I have seen people return again and again to the drug after hitting rock bottom. I have seen people lose everything with methamphetamine use. The

resulting effects on their lives is sobering. Its impact on the people who use it is tremendous, with extremely difficult, often devastating, results.

The indirect consequences and dangers of methamphetamine are also many. People that I have seen personally in the criminal justice system lose all focus in other areas of their life. I have seen people on methamphetamine who focus only on the drug and how they are going to get their next methamphetamine high. Many people who use methamphetamine not only get addicted, but also abandon all the priorities that they had in their lives prior to the use of methamphetamine. Often, people spiral into unknown depths which results in loss of jobs, loss of family relationships, loss of homes, financial catastrophe, and sometimes even death. In some users, methamphetamine dictates every aspect of their existence to the detriment of every other important thing that had existed in their lives.

As a prosecuting attorney, I am concerned with not only the enforcement of our existing drug laws, but the long term negative impact of methamphetamine upon our family members, neighbors, co-workers, and our children. The cost not just in dollar terms of this terrible drug is extraordinary. The money and other resources that we are expending to fight the proliferation of methamphetamine use, particularly in our rural communities, is extremely important. The burden on the criminal justice system is great in two respects. First, the direct effect of more drug cases in our criminal justice system and the resulting costs. Second, the further burden on the criminal justice system by users and distributors of methamphetamine who commit other crimes to finance their habit. Effective enforcement when it comes to methamphetamine has to focus upon effective education and treatment. The stiff drug laws that are currently in effect in the State of Indiana appropriately deal with most of the offenders brought into the criminal justice system; however, it is extremely important that we begin at a much earlier phase than the criminal justice system. That requires education, treatment, and alternatives to incarceration, with the sanction of incarceration within the criminal justice system being the last choice for low-level users. Our goal in the criminal justice system needs to be to focus upon stopping and incarcerating the manufacturers and distributors at the highest levels of this terrible drug's distribution channels, while assisting those individuals at the lower levels who find themselves trapped within the cycle of addiction and are experiencing first-hand the ravaging effect of this drug, with its resulting life-changing effects on the user. Incarceration of those trapped within this desperate cycle should be considered a last resort.

Since methamphetamine was first detected in Cass County, the number of cases has risen each year. Just this year, we have shut down two additional clandestine methamphetamine labs. In Cass County we have targeted our resources toward the Cass County Drug Task Force, which investigates all drug activity within the county. The war on drugs is worth fighting at the local level, but local prosecutors and local law enforcement need help, particularly financial assistance, to enable law enforcement to crack down upon clandestine methamphetamine labs and allow adequate resources to prosecute the cases brought to the prosecutor from efforts of the local drug task force. The long-term consequences of methamphetamine are not completely known, but from what we are seeing at the local level, both in the increased prevalence of the use of the drug and the devastating consequences it causes to all our citizens, it is an easy decision to direct as many resources toward combating this problem as possible. The drug has similar effects to cocaine; however, it is much cheaper to produce and to buy than cocaine. Its attraction is not only its lower cost, but also its longer-lasting effects. Locally, the drug appears to be most prevalent upon the lower socio-economic levels of our society.

The Cass County Prosecutor's Office successfully applied for a BYRNE Drug Grant in 2001. We have used that money for the past three years to assist us in the investigation and prosecution of drug offenses, including methamphetamine cases. The BYRNE Drug Grant has enabled me to hire an additional prosecutor to assist in the prosecution of drug-related cases. That federal money has been essential in our fight against the negative effects of methamphetamine and other drugs in our community. That Federal grant is scheduled to expire this year. Our office faces a real financial crisis without that money. Without the grant, we are likely to lose that prosecutor who is dedicated to drug cases.

While the enforcement of our existing drug laws and incarceration for the more serious offenders continues to be a high priority for my office and should be a high priority for all levels of law enforcement, it is perhaps time that we look at less costly, more efficient, and ultimately more successful alternatives to incarceration in combating the drug problem, particularly methamphetamine. We need to look at the potential for treatment of low-level methamphetamine users rather than the more expensive and sometimes less effective alternative of incarceration. We should look at the possibility of establishing a Drug Court program to deal with drug offenders and some users of drugs such as methamphetamine in an attempt to effectively educate and treat those individuals without the necessity of incarcerating them. That

will require resources and funding in these areas. Perhaps by focusing on education and treatment and alternatives to incarceration such as a Drug Court program, it might be possible to avoid some of the most serious and most dramatic long-term results from the use of methamphetamine and other illicit drugs.

Criminal prosecution is necessary and should be used in a large number of cases; however, whenever possible, our society should look at incarceration as a last alternative. Education must be a priority at all levels. At the local level in Cass County, the Prosecutor's office attempts to educate as many young people as possible about the horrendous effects that methamphetamine can have on their lives. That is an area that is worth every moment of our time that we can afford to give. We also have had extensive cooperation from local businesses that are willing to work with law enforcement when suspicious buying activity occurs with specific retail ingredients that are used in the manufacture of methamphetamine.

Methamphetamine dealers and distributors should be stopped. In my opinion, incarceration is a necessity in those serious cases. Effective law enforcement and effective criminal justice and enforcement of drug laws requires that we differentiate between the people who are responsible for the manufacturing and distributing of methamphetamine and those low-level users who are hopelessly addicted to the drug.

In my opinion, the federal government can assist local law enforcement and local prosecutors by doing two things. First and most importantly, whatever the federal government can do to assist in the education and prevention aspect of methamphetamine use is extremely important. Secondly, in order to allow law enforcement to continue to be effective and prosecutors to continue to be able to prosecute and incarcerate serious offenders, the federal government needs to continue to assist financially. Programs like the BYRNE Drug Grant are much-needed and should continue. Funding of programs to help law enforcement put additional officers on the beat and to hire additional prosecutors to assist in administering Drug Court programs and to prosecute the most serious offenders must be a priority. The methamphetamine problem is not going to go away anytime soon, but it is a problem that we must address at all levels of government.

I want to thank the Committee for inviting me to testify, and I applaud your efforts in holding this hearing and focusing on a very serious problem that needs and demands our combined attention. Thank you very much for this opportunity.

Mr. HARP. Thanks for having me again, I do appreciate it.

In 2001, I testified before this committee, along with former Sheriff Doug Dukes. And one of the things that we talked about at that point in time was the growing trend of meth usage in our county, Noble County, and we also cited at that time a lot of the examples of cases which exemplify the bizarre behavior of the meth user and the increasing violence associated with the users.

At that time, we were certain that we had not peaked in terms of meth usage and production. And unfortunately, our predictions were correct. We currently have the distinction of ranking 10th among the 92 Indiana counties in meth lab arrests. In 1996, Indiana recorded just six meth labs for the entire year. And this year, investigators shut down 1,260 labs throughout the State. So the increase is just incredible. If you look at that in terms of percentages, it is mind-boggling. The cost for disposal of these labs is estimated to be in excess of $66,000, which I think is very conservative. And one of the factors not included in this is the cost of the manhours involved.

The statistical information regarding the increase in meth production and usage is staggering and very frightening. A recent study conducted by the Rural Indiana Profile reports that eighth graders in rural settings are 108 percent more likely to use meth than eighth graders in urban areas. According to the U.S. Sentencing Commission, arrests for meth offenses in Indiana rose 81 percent from 1995 to 1998. I cannot imagine what type of increase we have had since 1998.

We have seen a dramatic increase in the anhydrous ammonia thefts. I know a lot of people have talked about that. We have farm supply facilities in our county and we also have a lot of production facilities that also use anhydrous in their production process and we have seen thefts in those areas as well.

I know one of the things that was talked about was the pricing, and we have seen that decrease in pricing as well. Our prices are going down. I worked in an undercover capacity for a couple of years and, you know, any time you see the price of narcotics going down, you know that you have a lot. It has been flooded, your market has been flooded. And we have seen it just like everybody else has, in the decrease in meth prices.

One other area of concern for us, which just really has happened recently, is one of our neighboring counties has an active chapter of the Outlaw Motorcycle Club and the Outlaws historically have maintained a very sophisticated methamphetamine network. They are also known to absorb puppet clubs to assist them in the drug distribution. And this very scenario is taking place in our county. I know that a couple of people have addressed the motorcycle clubs and I think downplayed that a little bit with the Mexican nationals, you know, and so on. But I still think that's a very, very good source of methamphetamine distribution and we are very, very concerned about that. And association with that, obviously the violence that comes with motorcycle clubs, motorcycle gangs.

What can be done to stem some of these meth trends? We feel pretty good in certain areas, we feel in training our deputies, our firefighters, our EMS personnel throughout the county, we have done a lot of training and we feel very good about that. We have

also done a lot of programs, conducted a lot of public awareness programs, both in the schools and the community as far as education. We have a lot of work to do in addition to that yet, but we feel pretty good about that right now.

What can be done to help us at the local level, and one of the things that we obviously need is funding for training, equipment and manpower. And one of things that I do not think I have heard addressed today, which in looking at the past couple of years is something that we have had to do in terms of our budget. To try to decrease spending in our budget, we looked at overtime that the officers were paid and we went to compensatory time in lieu of overtime dollars. And on the face, it makes us look really well, you know, it is an administration, we have knocked down the overtime budget considerably. But when I got to looking at what it meant in terms of available police manhours last year alone, 2,132 hours in 2003 where we normally we have had a police presence, we had officers off because they were off on comp time. You know, if we are going to fight meth and fight it effectively; you know, we have gotten a greater increase in meth production and meth labs and we have gone backward in terms of police presence that we have on the road. A lot of our cases are generated by the road officers out making traffic stops because, as you have heard today in some of the other testimony, a lot of the labs right now are very mobile and we get a lot of results from traffic stops.

So the big thing for us, again, is like everybody else, manpower, equipment and funding.

But again, I would like to express my gratitude for being invited here again and I appreciate everything that Congressman Souder has done. He has always been very helpful in this problem and we do appreciate it.

Thank you.

Mr. SOUDER. Thank you. Sergeant Schnepp.

[The prepared statement of Mr. Harp follows:]

February 4, 2004

Dear Congressman,

Thank you for this opportunity to address this committee regarding the enormous problem that rural America is facing with methamphetamine.

In 2001, the former Noble County Sheriff Doug Dukes and I testified before this committee. We cited the growing trend of meth usage in our county. Also cited were several examples of cases that had occurred which exemplified the bizarre behavior of the meth users and the increase in violence associated with the users.

At that time, we were certain that we had not peaked in terms of methamphetamine usage and production. Unfortunately, our predictions were correct. We currently have the distinction of ranking tenth among the 92 Indiana counties in meth lab arrests. In 1996, Indiana recorded just six (6) meth labs for the entire year. This year investigators shut down 1, 260 labs throughout Indiana. This is an incredible increase. The cost for the disposal of these labs is estimated to be in excess of $66,000 dollars. A factor not included in this figure is the cost of man-hours involved.

The statistical information regarding the increase in meth production and usage is staggering and very frightening. A recent study conducted by the Rural Indiana Profile reports that eighth graders in rural settings are 108% more likely to use meth than eighth graders in urban areas. According to the U.S. Sentencing Commission, arrests for meth offenses in Indiana rose 81% from 1995 to 1998. I cannot imagine what type of increase we have experienced since 1998.

I have known people who were drug users for years, but managed to maintain some stability in terms of employment and family. Upon discovering meth, they rapidly began to have severe problems and were unable to function as a family, or maintain a job and home. At some point, they discover the cooking process and become totally consumed with the drug. The thought process of these people is "why buy it when I can make my own and even sell some for a substantial profit". Obviously, the more people we have involved in the manufacturing of meth translates into more meth on the streets, more environmental concerns due to disposal of the waste, more thefts of anhydrous, etc.

An example of this type of scenario happened just this past week when a casual acquaintance of our family called and stated that she was filing for divorce. She has been married for several years and has three children. Her husband has smoked pot for years.

Although she did not agreed with it, she tolerated it. She went on to say that he had maintained a job, and in general, had been a good provider for the family. A few months ago, she began to notice a drastic change in his behavior. He began showing up late for his children's activities and would be gone from the home at all hours of the day and night. Eventually, she found out that he was using meth. He is now unemployed and is either unable or unwilling to find a job. He has moved out of the house and is living with "friends". She is very concerned about the welfare of the children when the divorce is finalized. The children have asked her not to allow him to pick them up because they no longer feel comfortable being around him.

We have seen a dramatic increase of anhydrous ammonia thefts, not only at farm supply facilities, but at several factories that use the chemical in their production process. Employees are now committing thefts from the companies they work for.

Another area of concern for us is the establishment of an active chapter of the Outlaw Motorcycle Club in one of our neighboring counties. The Outlaws, historically, have maintained a very sophisticated methamphetamine distribution network. They are also known to absorb puppet clubs to assist them in drug distribution. This very scenario has reportedly taken place with a local motorcycle club in our county.

What more can be done to stem these meth trends? I feel we have made progress, specifically in the area of training. Our deputies, as well as the majority of police officers, firefighters and EMS personnel throughout the county, have all received training in meth. We are continually conducting awareness programs both in our schools and the community to educate everyone on the dangers of methamphetamine.

What more can be done to help us at the local level? Additional funding for training, equipment, and manpower is desperately needed. Another area of concern for us is in keeping our current police force in service. Like police departments throughout the state and country, in an effort to reduce our operating budget, we have instituted a policy of compensatory time in lieu of overtime pay. This has substantially reduced our overtime budget, but compensatory time has also reduced our total available man-hours by 2,132 for 2003. In other words, we lost over 53 weeks of manpower last year. This is a reflection of just the compensatory time off and does not include the normal vacation time off. We cannot afford to continue this cycle if we are to effectively battle the meth problems which plague our community.

In closing, I would like to express my sincere gratitude to this committee's continued concern regarding this enormous problem facing rural America.

Thank you,

Doug Harp
Chief Deputy
Noble County Sheriff's Department

Mr. SCHNEPP. Thank you. I would also like to express my gratitude for being here to tell you all the problems in Cass County along with my Prosecutor Kevin Enyeart.

I have been assigned to the Cass County-Logansport Drug Task Force for 5 years and I have been a police officer for 23 years. Our task force consists of four officers; myself, two Logansport Police Officers and an Indiana State Trooper.

Our first lab discovery was January 2001, we are averaging 12 to 14 labs a year.

I will skip through a lot of this and make it go quick if I can.

We have two labs this year, we recovered a partial lab Wednesday night. Anhydrous thefts are doubling. We have three distribution centers. We also have three or four businesses that use it for cleaning purposes. We are doing stakeouts on the distribution centers when we can and when we have the manpower.

Our probation department has 1,200 people on probation. They just really started testing for meth the last few years. They have had a 5-percent increase in the last year on meth tests for positive results.

The problem we are getting into with the meth labs, the last three we have taken down have all had some type of surveillance equipment. They have cameras on the barn, telescopes in the windows, they have night vision equipment, they have radio frequency detection to see if we have a wire if we send an informant in to them.

The bottom line is the bad guys are better prepared than we are, they have better equipment than we do. We do not have any night vision. We are a small department, we have really been running into problems with some of these guys with all their counter-surveillance on our officers and also their equipment. They are watching our office, they are doing counter-surveillance on our vehicles. I just ran a wire on a buy Tuesday night, I just got a new vehicle 3 weeks ago and they were talking about what kind of vehicle I had on the wire. It kind of amazed me.

What I would like to see is a multi-county federally funded methamphetamine task force within maybe our district. I personally, and the other guys on our task force, we call Howard County, Miami County, White County, we try to give them as much information, we work together as much as we possibly can. But with cocaine buys, marijuana buys, Oxycontin buys, we just do not have the manpower to focus straight on methamphetamine, which I believe we need to do.

That is about all I have.

Mr. SOUDER. Thank you for your testimony. We are going to make a little bit of a transitioning in my questioning. I will split that too. We are now going to go to Mr. Connor, who is the acting executive director of the South Bend Center for the Homeless.

[The prepared statement of Mr. Schnepp follows:]

Cass County-Logansport Drug Task Force
100 Court Park
Logansport, Indiana 46947
574-753-7800

February 3, 2004

Members of Criminal Government Reform Committee
Sub-Committee On Criminal Justice
Drug Policy and Human Resources

Dear Members:

In response to your letter of January 27, 2004, I would like to thank you for the opportunity to respond to the methamphetamine problem here in Cass County and Logansport, Indiana.

I have currently been assigned to the Cass County-Logansport Drug Task Force for the last five years. During my assignment, the first meth lab our Drug Task encountered was in January of 2000. Since that time we are averaging over twelve labs a year. Since the beginning of the year we have uncovered two labs in less than thirty days of the new year. At that rate we will exceed twenty labs for the year 2004, which is almost double for last year.

In August 2003, a subject from Walton, Indiana was arrested in Oklahoma with over three pounds of methamphetamine which was to be distributed in Cass County. In January of 2004, a subject was arrested in Iowa with over three pounds of crystal meth (Ice) which was intended to be sold in Cass County. DEA Units and Task Force Units staked out the delivery point in Logansport. This would equal a street value in excess of $50,000.

Anhydrous ammonia thefts have increased over the last year and Task Force units have had to work overtime to perform surveillance on these distribution locations of local businesses. Theft of precursors at local retain stores has doubled in the last year. For example: a young woman had seven starting fluid cans hid in her baby's stroller at the time of her arrest.

The Cass County Probation Department has over 1200 probationers. They have had a five percent increase of positive tests for methamphetamine for 2003.

Also, there has been an increase in the purchase of syringe usage which indicates more an increase in injections of methamphetamine.

The production of methamphetamine has become more sophisticated in the past months. The last two meth labs that were uncovered, the defendants have had video cameras on the exterior buildings, telescopes, two-way radios, night vision., and radio RF

detectors. Most defendants producing meth have better equipment than the local law enforcement.

Further, the defendants are using counter surveillance on the Drug Task Force Office and the officer's vehicles.

The Drug Task Force unit desperately need video and audio equipment, vehicles, and more man power to fight the ever increasing methamphetamine problem in our community. I would like to see a multi-county Drug Task Force be federally funded. The production of methamphetamine has become very mobile. With a multi-county Drug Task Force the counties involved would be exchange information, have more man power in trying to locate these portable meth labs.

This problem is not going to go away anytime soon and is reaching epidemic proportions. Thank you for your interest in this problem.

Sincerely yours,

Sgt. Jeff Schnepp
Cass County-Logansport Drug Task Force

Mr. CONNOR. Thank you.

I appreciate the opportunity to testify today on the important issue of methamphetamine use in this State and also the influence of drugs on our community.

I would like to thank you for drawing attention to resources, for the needs of communities dealing with the effects of illegal drug use.

I am here today representing the Center for the Homeless, one of many service providers in this region who witness daily the effects of alcohol and drug use on those living in poverty and on the brink of homelessness. The Center for the Homeless offers residential services to 200 people daily, including 22 families with 60 children.

We collaborate with many partner agencies from the community, all dedicated to breaking the cycle of homelessness. We provide a broad range of onsite services, including shelter, food, medical care, pediatric-occupational therapy, Montessori pre-school education, case management, drug and alcohol treatment and adult education. All services provided by our partner agencies are free of charge to guests of the center.

The goals and the objectives of our programs and partnerships are designed to help people transition from homelessness to self-sufficiency and to help them create a life in which they can give back to their community.

The overwhelming majority of people who seek services at the center suffer from serious problems such as mental illness, drug and alcohol addiction, poor medical health, illiteracy, unemployment and isolation from a supportive network of people and resources.

The center's services are targeted to address the depth and diversity of needs present among homeless persons, especially families.

Among the population we serve, at least 60 percent are struggling with drug or alcohol addiction and 30 percent suffer from mental illness which is often undiagnosed. Many are dually diagnosed with mental illness and substance abuse issues. Among our population with substance abuse issues, the majority abuse alcohol and cocaine. While the percentage of those with a methamphetamine addiction is not nearly as high as with either cocaine or alcohol, the number of methamphetamine abusers has steadily increased over the last several years.

Typical treatment options for people with addictions issues are individual and group counseling sessions as well as Alcoholics and Narcotics Anonymous meetings. For those who are dually diagnosed, their mental illness is also addressed, often through medication and case management. Many meth users who come to the doors of the Center for the Homeless do not stay in treatment for long enough periods of time to allow for a complete recovery. Many are seeking treatment for the first time and do not have the necessary desire to stay clean. Others are seeking treatment solely because it is court ordered. We believe that for both of these groups, relapse occurs because they do not desire sincere change in their lives. We hear that it often takes six or seven attempts before you are able to stay clean and sober with treatment.

Based on our experience, for lasting change to take place in a person's life, you must have a strong desire to change your lifestyle. The AA and NA model instructs those in recovery to change their people, places and things, meaning they must not associate with the people or frequent the locations where they lived while they were using. These life changes are only successful when people have a sincere desire to change their ways. In many instances, this happens only after they have lost everything important in their lives as a result of their addiction; literally hitting rock bottom.

The difficulty in changing one's lifestyle can be compounded by other issues that affect those living in poverty. Many of those we serve also do not possess a high school diploma or GED. Without a proper education, it is difficult to obtain sufficient employment to support a family. In addition, a lack of transportation is a tremendous barrier for people who live in poverty. With these limitations, the people we serve have a lack of choices in where they can live and what types of jobs they can hold. With limited options, many people who have sought treatment for substance abuse return to the negative influences in their lives as it is the only thing they know. This often leads to a cycle of poverty that can affect several generations as children pick up the behaviors of their parents.

While the research is clear that methamphetamine is a highly addictive drug, one of the most frightening aspects of its use, from the perspective of a service provider, is the long-term effects that it can have on the brain in cognitive functioning of users as well as the severe health issues that it can create. The health effects of meth use can include cardiovascular problems such as irregular heartbeat, increased blood pressure and rapid heart rate. Withdrawal effects can include depression, anxiety, fatigue, paranoia and aggression. Damage to the brain caused by meth use has been compared to the effects of Alzheimer's disease, stroke, epilepsy and Parkinson's disease.

From our perspective, successful treatment is only the first step in true recovery for a meth or any drug user. After treatment for substance abuse issues, we recommend that persons addressing the underlying issues that led them to use drugs or alcohol in the first place. Only after beginning to address these issues does our organization seek to prepare guests for a return to the work force. Many times, a chronic substance abuser will have a very poor job history or long periods of unemployment due to their drug use. In this case, it can be very difficult for a recovering drug abuser to obtain a level of employment that offers a livable wage and will allow them to live in a neighborhood that is removed from serious drug infestation. If the drug abuser is a mother, she often has additional barriers to work due to the childcare and educational needs of her children.

The greatest needs we can identify for those seeking to overcome drug addiction are in the areas of housing and employment. Without safe, affordable housing options, those who have received treatment for drug abuse are forced to return to neighborhoods where drug use is rampant. This increases the difficulty in remaining clean and sober. In order to pay for safe housing, those in recovery must learn new job skills through training programs or through ad-

vanced education. Without improved employment options, people are forced to work for wages that do not allow them to support their families. This drives many to become involved in illegal activities, such as prostitution or selling drugs.

For service providers to be effective at bringing all of these services together for those in need, there must be support at all levels of the government for organizations that effectively address these issues. This support is most needed in order to continue service provision for people as they move through this process and work to improve their lives and become self-sufficient.

I would like to thank you again for the opportunity to be here today and to testify on this important issue.

[The prepared statement of Mr. Connor follows:]

Statement of
Brian Connor
Interim Executive Director
The Center for the Homeless
South Bend, Indiana

"Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts?"

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

February 6, 2004

Background on the Center for the Homeless

Since 1988, the Center for the Homeless has worked to develop a service model that provides homeless individuals and families with a structured, step-by-step process to aid in their return to the community. This innovative program, called the *Homelessness to Home Ownership Continuum of Care,* is founded upon partnerships with every sector of the local community. In all, more that eighteen local service providers, twenty-five corporate sponsors, four thousand volunteers and countless churches and benefactors help provide a full range of services to the 2,500 people per year seeking refuge and assistance at the Center.

The Center offers residential service to 200 people daily, including 22 families with 60 children. The Center for the Homeless collaborates with many partner agencies from the community, all dedicated to breaking the cycle of homelessness. The Center provides a broad range of on-site services, including shelter, food, medical care, pediatric occupational therapy, Montessori pre-school education, and adult education. All services provided by our Partner Agencies are free of charge to guests of the Center. The goals and objectives of the Center's programs and partnerships are designed to help people transition from homelessness to self-sufficiency and to help them create a life in which they can give back to their community.

The overwhelming majority of people who seek services at the Center suffer from serious problems such as mental illness, drug and alcohol addiction, poor medical health, illiteracy, unemployment and isolation from a supportive network of people and resources. The Center's services are targeted to address the depth and diversity of need present among homeless persons, especially families.

Dealing with Addictions in the Homeless Population

Among the population we serve, at least 60% are struggling with drug or alcohol addictions and 30% are suffering from mental illness (often un-diagnosed). Many are dually diagnosed with mental illness and substance abuse issues, and are counted in both populations. Among our population with substance abuse issues, the majority abuse alcohol and cocaine (primarily crack cocaine). While the percentage of those with a methamphetamine addiction is not nearly as high as with either cocaine or alcohol, the number of methamphetamine abusers has steadily increased over the last several years.

The typical treatment options for people with addictions issues are individual and group counseling sessions, as well as Alcoholics and Narcotics Anonymous meetings. For those who are dually diagnosed their mental illness is also addressed, often through medication and case management.

Many methamphetamine users who come to the doors of the Center for the Homeless do not stay in treatment for long enough periods of time to allow for a complete recovery. Many are seeking treatment for the first time and do not have the necessary desire to stay clean. Others are seeking treatment solely because it is court-ordered. For both of these groups, relapse often occurs. It often takes an addict six or seven attempts before they are able to stay clean or sober.

Based on our experience, for lasting change to take place in a person's life, they must have a strong desire to change their lifestyle. The AA/NA model instructs those in recovery to change their "people, places, and things" – meaning that they must not associate with the people or frequent the locations where they lived while they were using. These life changes are only successful when people have a sincere desire to change their ways. In many instances, this happens only after they have lost everything important in their lives as a result of their addiction.

The difficulty in changing one's lifestyle can be compounded by other issues that effect those living in poverty. Many of those we serve also do not possess a high school diploma or GED. Without a proper education, it is difficult to obtain sufficient employment to support a family. In addition, a lack of transportation is a tremendous barrier for people living in poverty. With these limitations, the people we serve have a lack of choices in where they can live and what types of job they can hold. With limited options, many people who have sought treatment for substance abuse return to the negative influences in their lives, as it is the only thing they know. This often leads to a cycle of poverty that can affect several generations as children pick up the behaviors of their parents.

Long-term Effects of Methamphetamine Use and Post-Treatment Needs

While the research is clear that methamphetamine is a highly addictive drug, one of the most frightening aspects of its use, from the perspective of a service provider, is the long-term effects that it can have on the brain and cognitive functioning of users as well as the severe health issues

that it can create. The health effects of methamphetamine use can include cardiovascular problems such as irregular heartbeat, increased blood pressure, and rapid heart rate. Withdrawal effects can include depression, anxiety, fatigue, paranoia, and aggression. Damage to the brain caused by methamphetamine use has been compared to the effects of Alzheimer's disease, stroke, epilepsy, and Parkinson's disease.

Much of the research that has been compiled demonstrates that the physiological after-effects of methamphetamine use can last for as long as nine months to three years after cessation. Some research shows that cognitive functioning and motor skills do not fully recover from prolonged methamphetamine use. Not only do these users need intensive treatment, they may also need remedial education and occupational therapy if they are to return to the workforce.

From the Center for the Homeless' perspective, successful treatment is only the first step in true recovery for a methamphetamine (or any drug) user. After treatment for substance abuse issues, we recommend that persons address the underlying issues that led them to use drugs or alcohol in the first place. Only after beginning to address these issues does our organization seek to prepare guests for a return to the workforce.

Many times a chronic substance abuser will have a very poor job history or long periods of unemployment due to their drug use. In this case, it can be very difficult for a recovering drug abuser to obtain a level of employment that offers a livable wage and will allow them to live in a neighborhood that is removed from serious drug infestation. If the drug abuser is a mother, she often has additional barriers to work due to the childcare and educational needs of her children.

Conclusion

The greatest needs we can identify for those seeking to overcome drug addiction are in the areas of housing and employment. Without safe, affordable housing options, those who have received treatment for drug abuse are forced to return to neighborhoods where drug use is rampant. This increases the difficulty in remaining clean and sober. In order to pay for safe housing, those in recovery must learn new job skills through training programs or through advanced education. Without improved employment options, people are forced to work for wages that do not allow them to support their families. This drives many to become involved in illegal activities such as prostitution or selling drugs. For service providers to be effective at bringing all of these resources together for those in need, there must be support at all levels of the government for organizations that effectively address these issues. This support is most needed in order to continue service provision for people as they move through this process and work to improve their lives and become self-sufficient.

Mr. SOUDER. Thank you. Next, we will hear from Mr. Barry Humble, who has worked up in Noble County and now down in Allen County. We appreciate you coming up today.

Mr. HUMBLE. Like my predecessors who have already had a chance to speak, I express my appreciation for this opportunity to share some information and experiences and hopefully some recommendations about dealing with meth in northeast Indiana.

My level of understanding concerning methamphetamine took a serious spike when I began my duties as executive director of Drug Free Noble County in 1999. I like to tell people that previously in my professional life I became a recovering school teacher and had that opportunity to work in a rural school corporation for 21 years and my major responsibility was as a substance abuse educator and student assistance program coordinator, so I dealt with the baggage that young people came to school with every day.

Then before I went to Noble County, I worked for the Governor's Commission for Drug Free Indiana and worked with seven different counties and this idea about the negative impact of alcohol and drugs has already been there, but the situation dealing with methamphetamine just increased dramatically.

The devastation that is caused not only by the use of methamphetamine, as has already been brought out, is not limited to just the cooking process, but also needs to be included is the disposal process of the toxic waste. And that, here in Indiana, could be incredible. In my professional life, I have not accounted a substance that is so quickly addictive, is so readily available and is so difficult to treat.

My responsibilities as a former executive director of Drug Free Noble County and currently of the Drug and Alcohol Consortium of Allen County emphasize the roles of prevention, treatment and justice. It is within that framework that I share a concept developed within the State of Kansas that is being pursued within the 15 northeast counties of Indiana. The following counties each have a community anti-drug coalition and participate in a confederation known as the Northeast Regional Advisory Board. Those counties include Adams, Allen, Blackford, DeKalb, Grant, Huntington, Jay, Kosciusko, Lagrange, Miami, Noble, Steuben, Wabash, Wells and Whitley, which actually covers three Congressional Districts. I am currently the chairperson and we receive guidance from Kelley Wilson, who joined me today from the Governor's Commission on Drug Free Indiana and her three staff persons. During 2003, there were 134 meth labs found in these counties, according to the Indiana State Police. Deaths, property loss from fires and environmental contamination has resulted from these labs. The Northeast Regional Advisory Board was looking for a means that a community could effectively address these issues and discovered a program called Kansas Meth Watch.

The key fixture of this program includes employee and management training of stores that sell precursor products involved in the manufacturing of meth. With some modifications and additional pieces, we would like to replicate this program to be called the Northeast Indiana Meth Watch. Our program has three features.

First, community awareness. A PowerPoint presentation will be developed by the former information officer for the Kendaville Po-

lice Department, Mick Newton, in cooperation with the Indiana State Police. This presentation will be used by each community coalition with service organizations, fraternal groups, churches and whomever else they can get in front of in each of their counties. Their presentation will be supplemented by pamphlets, billboards and media coverage.

The second piece is employee and management training. Information will be provided to retailers that sell legitimate products that are precursors to the manufacture of meth. Many of these products are sold at convenience stores that historically have high turnover of employees. Information that can be a part of new employee training as well as ongoing training will be made available to assist retail employees with protocol when a suspected sale of precursor products occur. In addition, signage will be available to retailers to identify their store as a member of Northeast Indiana Meth Watch. In addition, we would like to partner with agribusiness agencies to distribute tamper tags for anhydrous tanks. Currently, farmers can purchase a lock to put on their tank that might be sitting out in the field that costs $150. What that results in is a loss of a $150 tank lock and still the farmer is at risk. I have done some investigating with farmers to ask them, you have this big tank sitting out there, would you be able to tell if you lost 500 gallons worth of anhydrous? And their common reaction is they would have no clue. Well would you be able to tell if you lost 100? No. Well, the guys that are out there stealing take about 10, they don't know that their tanks are missing. What we would like to do is get these agribusiness agencies to get these tamper tags that cost about 20 cents apiece and then a farmer would know if his tank has been broken into. When they have done this in Kansas, they found some places that they had to change and have multicolors because the tanks had been broken into so many different times. What we will be able to do is hopefully prevent a dangerous accident.

The other concern with employee management training is when I was in Noble County, we conducted a workshop that was entitled Meth in the Workplace. And what we were able to do is create an awareness for employees, but sometimes the mentalities that, particular manufacturing based agencies hold, is that they are working by production and if they are working by pieces and the employee knows that they are going to make more money, a lot of them will purposefully use meth to be able to go at high rates of speed for a period of time, knowing full well that after they have had this experience, they may not show up for work. So that was an awareness that a lot of employers were not aware of, that the mentality that they created also creates an environment to encourage meth use.

The third thing that we are looking at doing is developing a tip line. We have had great cooperation from the Indiana State Police Post there in Fort Wayne, and the post had distributed throughout these 15 counties some posters a couple of years ago working very diligently with employers and helping employee training. They had developed an 800 tip line and that would be made available to us to use for folks who can call in when they notice things that are kind of disturbing or might be indicative of meth development.

The reasons for this cooperative venture are many. First the manufacture and distribution of meth is not limited by county lines. Because of the high quality of investigative work and previous awareness by law enforcement agencies, cookers are purchasing precursor products in one or more counties, conducting the manufacturing process in still another county. While Allen County has had only one meth lab busted in 2003, police agencies acknowledge the amount of meth on the streets of Fort Wayne is increasing. I give this point of evidence. Allen County Probation in 2002 had in their drug urine tests, six cases of meth showing up. Now remember, these are people who are already in the system, not first time, but are already in the system. In 2003, that number was over 100. So if people who are already in probation and they are having dirty urine screens because of meth, you can kind of multiply that astronomically to the potential number of people who are using it.

Second, a unified message for the region, led by the coalition in each county will create an effective and credible effort. This unified message allows for diversity of delivery with a common theme. The intent is not to hinder the sale of products used in a lawful manner, but rather create awareness that the unlawful use of these products to manufacture and distribute methamphetamine will not be tolerated in northeast Indiana.

The effectiveness of the program requires a great deal of cooperation and the Northeast Regional Advisory Board intends to bring together its resources to make this endeavor possible. In terms of what assistance the Federal Government can provide, I have these recommendations.

First, as has been stated before, financial assistance with the development and production of videos to be used for employee/management training. Information concerning identification and protocol would be put in a convenient format that would be of great assistance to retailers and their employees.

Second, assistance in developing media campaign material such as newspaper slicks, billboards and radio/TV spots.

And finally, and this may be the most important, we already have a significant number of people addicted to meth. Treatment providers indicate it is difficult at best to have a successful treatment leading to recovery. Research and effective treatment modalities need to be developed. In the Northeast Region, we might be able to come up with the means to cover the first two requests, but we are really struggling to answer the third.

Thank you for your concern about meth in the heartland and we do appreciate this opportunity to share our thoughts.

Mr. SOUDER. Thank you very much. Our cleanup hitter is Mr. Benjamin Martin of the Serenity House.

[The prepared statement of Mr. Humble follows:]

February 6, 2004

To: Government Reform committee's Subcommittee on Criminal Justice, Drug Policy and Human Resources
From: Barry Humble, Executive Director Drug and Alcohol Consortium of Allen County
Re: "Fighting Metamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts?"

I am grateful to Congressman Souder and the Committee for this opportunity to share my experiences and recommendations of dealing with "Meth" in northeast Indiana. My level of understanding concerning metamphetamine took a serious spike when I began my duties as Executive Director of Drug-Free Noble County in 1999. My previous experiences as a substance abuse educator in a rural public school and then as a community consultant for the Governor's Commission Drug-Free Indiana had created an awareness of the negative impact of alcohol and other drugs. However, the devastation caused by not only the use of metamphetamine but also in the "cooking' process as well as disposal of its toxic waste is incredible. In my professional life I have not encountered a substance that is so quickly addicts, is so readily available and is so difficult to treat.

My responsibilities as the former Executive Director of Drug-Free Noble County and currently of the Drug and Alcohol Consortium of Allen County emphasize the roles of **Prevention-Treatment-Justice.** It is within that framework that I share a concept developed within the state of Kansas and is being pursued within the 15 northeast counties of Indiana. The following counties each have a community anti-drug coalition and participate in a confederation know as the "Northeast Regional Advisory Board:" Adams, Allen, Blackford, Dekalb, Grant, Huntington, Jay, Kosciusko, LaGrange, Miami, Noble, Steuben, Wabash, Wells and Whitley. I am currently the chairperson and we receive guidance from Kelly Wilson of the Governor's Commission Drug-Free Indiana and her three staff persons. During 2003 there were 134 "Meth Labs" found in these counties according to the Indiana State Police. Deaths, property loss from fires and environmental contamination have resulted from these labs. The Northeast Regional Advisory Board was looking for a means that a community could effectively address this issues and discovered a program called "Kansas Meth Watch./ The key fixture of this program includes employee and management training of stores that sell "pre-cursor products involved in the manufacturing of meth. With some modified and additional pieces, we would like to replicate this program to be called "Northwest Indiana Meth Watch." Our program has three features:

1. Community Awareness; A power-point presentation will be developed by the former information officer for the Kendaville Police Department, Mick Newton in cooperation with the Indiana State Police to be used by each community coalition with service organizations, fraternal groups, churches and whoever else that can get in front of within their county. This will be supplemented by pamphlets, billboards and media coverage.

2. Employee and Management Training: Information will be provided to retailers that sell legitimate products that are "pre-cursors" to the manufacturers of meth. Many of these products are sold at convenience stores that historically have a high turnover of employees. Information that can be a part of a new employee training as well as on going training will be made available to assist retail employees with protocol when a suspected sale of pre-cursor products occur. In addition, signage will be available to retailer identify their stove as a member of "Northeast Indiana Meth Watch." In addition we would like to partner with agri-business agencies to distribute "Tamper Tags" for anhydrous tanks. Currently, anhydrous is being taken form these tanks to be used in the cooking process creating a very hazardous situation. Farmers can spend $150 to gas a tank lock but that has only resulted in a broken lock. A "Tamper Tag" costs about 20 Cents and will let the farmer know his tank has been tampered with preventing a dangerous accident.
3. The reasons for the is cooperative are many. First, the manufacture and distribution of meth is not limited by county lines. Because of the high quality of investigative work and previous awareness by law enforcement agencies, "Cooker" are purchasing pre-cursor products in one or more counties and conducting the manufacturing process in still another county. While Allen County ahs had one lab in 2003. Police agencies acknowledge the amount of "meth" on the streets of Fort Wayne is increasing. Secondly, a unified message for the region led by community in each county will create an effective and credible effort. This allows for diversity of delivery concerning a common theme. The intent is not hinder the sale of products used in a lawful manner, but rather create an awareness that the unlawful use of these products to manufacture and distribute metamphetamine will not be tolerated in Northeast Indiana.

The effectiveness of the program requires a great deal of cooperation, the Northeast Regional Advisory Board intends to bring together its resources to make this endeavor possible. In terms of what assistance the federal government can provide, I have these requests

1. Financial assistance with the development and production of videos to be used for employee/management training. Information concerns identification and protocol put in a convenient (tape-DVD) would be of great assistance to retailers.
2. Media campaign materials is newspaper slicks- billboard and radio/TV spots made available either production costs.
3. This may be the most important. We already have a significant number of people addicted to "meth." Treatment providers indicate it is difficult at best. Research and effective treatment moderate need to be developed. In the Northeast Region we might be able to come up with the means to cover the first two requests, but we are really struggling to the answer the third.

Thank you for you concern about "meth" in the "Heartland" and we appreciate this opportunity to share our thoughts. We covet your assistance.

Mr. MARTIN. Thank you, Congressman Souder. I am not going to read my whole report. I am going to highlight a few items that I think are important, and the first one I think is most important because I do not think the Federal Government believes, understands or whatever it might be, but recovery is not treatment. I am in the recovery business, I am not in the treatment business. It is a way of life as outlined in the Big Book of Alcoholics Anonymous. Treatment, on the other hand, is medical oversight with scientific and medical information given to the person being detoxed and then evaluated in a way that prevents relapse. However, there is very little chance of treatment alone working for sustained recovery without peer support that they get, that structured recovery programs offer. It makes the scientific numbers of success look real good because they get their recognition for their success number when in fact because there is no differential between treatment and recovery by the Federal bureaucracy all the credit goes to the scientific and medical community. However, without the recovery programs themselves they would be largely unsuccessful. Hence, funding is only given to the scientific and medical community for prevention, treatment and research.

The specific purpose of this testimony as stated in your invitation letter to me was to examine the state of methamphetamine trafficking and production in the midwest region and how the Federal Government can assist State and local authorities in combating this growing problem. First and foremost, we must stop recidivism among offenders. We spend billions of dollars on research and largely disregard our incarcerated population who by the National Institute of Justice's Arrestee Drug Abuse Monitoring Program [ADAM], has evidenced that 70 percent of all males and 67 percent of all female arrestees for felony crimes ranging from larceny/theft to homicide test positive for illicit drug use at the time of their arrest and this figure does not include alcohol.

Shelving, if one can, the cost of human life and the collateral damage inflicted upon families and dependents and the communities in which the alcoholic and addict reside, it is clear that just in the area of public and fiscal policy, both in terms of prevention, research and treatment, incarceration, our current efforts are proving an abject waste.

So what do I believe the Federal Government can do to help us at the State and local level? No. 1, make it mandatory for all Federal, State and community prison and jail facilities to provide both treatment and recovery programs available to the incarcerated individuals. These inmates are not going anywhere, why not treat them while they are there.

Train and educate prison and law enforcement employees that drug addicts and alcoholics are not to be treated as scum but as people who have an affliction as they would anyone that suffers from diabetes or heart failure. You can go to any county jail or anything and watch how one of these people is treated by the jailer and you would see exactly what I am talking about.

Third, train the treatment community to identify those individuals addicted to alcohol and drugs to ask specifically about sexual abuse especially in their childhoods. It has been my experience that approximately 70 percent of all women who seek treatment and 50

percent of the men suffered from some form of sexual abuse. However, I have no data to substantiate these figures. They are my best guess from my experience. At the present time seven of our nine female residents and 11 of the 24 men have sexual abuse issues. Why this is important to know, most people who come to us state that they have never been asked this question while in treatment and those who do not address this issue are much more likely to relapse. It also indicates a very large contributing problem to addiction beyond just low self esteem from other areas of alcoholism in an addict's life. These figures only speak to the numbers seeking help from addiction, considering that that is largely believed to be only 10 percent of all alcoholics and addicts ever seek help, how big is the problem really?

Fourth, specifically fund research on the sexual abuse correlation to alcohol and drug abuse. I believe if my figures are even remotely accurate, and many think I am way low, this needs to be addressed.

And fifth, fund recovery-based programs such as ours to further the recovery rate by enabling more people to be served. Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous by tradition cannot take outside contributions; however, facilities such as the one we operate is operated under the 12-step recovery principle. There are thousands of facilities like ours in every State of the union and the recovery community will help if asked.

Sixth, offer a reward system for the person willing to locate, identify and testify against those who would manufacture and/or distribute illegal substances other than just the Crime Stoppers programs. This program would be self sufficient if the fines levied against offenders were directed toward the informants.

And seventh, increase the penalty for supplying minors with any controlled substance including, but not limited to alcohol. Certainly if you buy a keg of beer for a minor it is only a misdemeanor.

Eighth, increase the number of excise officers to regulate illegal sales and fund police departments with more money to be dedicated to the investigation of meth labs and other illegal drug distribution points.

Ninth, most importantly, decrease the billions of dollars going into research and redirect it to the aforementioned programs. If you read the Doctor's Opinion, page xxv, in the Big Book of Alcoholics Anonymous, which I have supplied you today, you will find through all of the research that has been done we still do not know much more about this disease—other than the chemical imbalance and how it relates to the synapse—than Dr. Silkworth did in 1939 when the book was authored. Not a very good return on our dollars spent. Further, I can state irrevocably that I have never met the first alcoholic or addict that would take a pill offered to relieve his addiction or to drink normally. That is not why we afflicted individuals drink; we drank or used to get drunk.

In summation, I would like to also say that I have attended the past five CADCA conferences and while I sat through some wonderful, informative and outstanding workshops, specifically regarding methamphetamine, I regret to say that for the last 2 years not a single recovery-based workshop has been offered. Moreover, much of the professional discussion that did take place proved inad-

equate, misinformed factually and occasionally just plain wrong. This is worth attention as there is a valuable resource that scientists, doctors, counseling professionals and the greater legal communities have left largely unmined and which your district in particular would benefit immeasurably from. Please believe me when I say I do not discount what the scientific community believes to be the best they can do, nor do I think they are short of passion or dedication. However, I do believe unless they themselves have walked in the boots of the alcoholic and/or addict they should give serious consideration to including the recovery community in whatever they are investigating. This should not be about degrees and how much smarter one is than the other, but what a community of dedicated scientists, doctors, clergy and recovering people can do to help one another understand each other and what is the best way to serve the people, both addicts and victims of their actions.

I also want to acknowledge how grateful I am to you, Congressman Souder, for the work that you have done to eradicate the substance abuse problem in the United States. Through your leadership Congress is striving to do the right things, and my colleagues are very, very grateful. I also thank all concerned for the opportunity to address this committee. It says to me that we little guys do count.

[The prepared statement of Mr. Martin follows:]

Dear Nicole,
As requested you will find my testimony following and I will take 50 copies to the hearing. Thank you, I remain

Sincerely,

Benjamin Martin
Executive Director
Serenity House Inc

Testimony
February 4, 2004

My name is Benjamin M. Martin Jr and I am the Executive Director and Founder of Serenity House Inc, a recovery house serving both men and women with substance abuse problems. I am also affiliated with Drug Free Dekalb County, and Drug Free Noble County, a coalition which received the #1 coalition award by CADCA for 2001. I have no letters behind my name; I'm not a licensed anything. In working with other alcoholics and drug addicts over the past 22 years, it has become undeniably evident that nothing proves more successful in arresting the progression of addiction than the testimony, instruction, and support of other recovering alcoholics and addicts. Please note: ***Most of the success stories in my line of work involve protagonists who are unlettered, unlicensed, unheard of, and to a puzzling degree, unheard from.*** A differential worth noting; Recovery is not treatment, it is a way of life as outlined in the "Big Book" of Alcoholics Anonymous, treatment on the other hand is medical oversight with scientific and medical information given to the person being detoxed and then educated in the ways to prevent relapse. However there is very little chance of treatment alone working for sustained recovery without the peer support that a structured recovery support group offers. It makes the scientific numbers of success look real good because they get the recognition for this success numbers when in fact, because there is no differential between treatment and recovery by the federal beauracracy, all the credit goes to the scientific and medical community. However, without these recovery programs they would be largely unsuccessful. Hence, funding is only given to those in the scientific and medical community for prevention, treatment and research)

We presently have 2 homes for men and 1 for women and a second home for women with children due to open later this month. I have been clean and sober since April 10th 1980 and have worked in the field of recovery indirectly for the past 22 years and directly for the past 9 years. I have never used "Meth" personally; however we have seen an ever increasing number of our clients with a problem with its use. It first started showing up in our clients approximately 6 years ago and has increased to roughly 30% of those served today have demonstrated an addiction to this devastating drug. It has been our experience that their recovery is not significantly different than that of the person only affected by alcohol, however the average age of our clients has significantly

dropped as a result of this being a more juvenile friendly drug, as is Crack Cocaine hence, these clients are more prone to relapse. (The younger the client, the more difficult for them to believe they might have a problem, and more difficult for them to understand that their so called friends, are not true friends and that, in return leads back to peer pressure to use again) Drug addiction and Alcoholism are diseases of denial; usually the last person to know they have a problem is the addict/alcoholic.

The specific purpose of this testimony as stated in your invitation letter to me was "examine the state of methamphetamine trafficking and production in the Midwest region, and how the federal government can assist state and local authorities in combating this growing problem". First and foremost, we must stop recidivism among offenders. We spend billions of dollars on research and largely disregard our incarcerated population who by the National Institute of Justice's Arrestee Drug Abuse Monitoring Program (ADAM) has evidenced that 70% of all males and 67% of all female arrestees for felony crimes ranging from larceny/theft to homicide test positive for illicit drug use at the time of their arrest- ***and this figure does not include alcohol.*** *(http//nij.ncjrs.org/publications/pub_db.asp.)* Shelving if one can, the cost of human life and the collateral damage inflicted upon families and dependents and the communities in which the alcoholic and addict reside, it is clear that just in he area of public and fiscal policy, both in terms of prevention (research) and treatment (incarceration), our current efforts are proving an abject waste.

So what do I believe the federal government can do to help us at the state and local level?

1. Make it mandatory for all Federal, state and community prison and jail facilities to provide both treatment and recovery programs available to the incarcerated individuals. These inmates aren't going anywhere, why not treat them and get them in a recovery program.
2. Train and educate prison and law enforcement employees that drug addicts and alcoholics that they are not to be treated as scum but as people who have an affliction as they would with anyone that suffers from diabetes or heart failure.
3. Train the treatment communities to identify those individuals addicted to alcohol and drugs to ask specifically about sexual abuse especially in their childhoods. (It has been my experience that approximately 70% of all women who seek treatment and 50% of men suffered some form of sexual abuse. However I have no data to substantiate these figures, they are however my best guess from my experience. At the present time 7 of the 9 female residents and 11 of the 24 men have sexual abuse issues. Why this is important to know most people who come to us state they were never asked this question while in treatment and those who do not address this issue are much more likely to relapse). It also indicates a very large contributing problem to addiction beyond just low self esteem from other areas of the

alcoholics and addicts life. (These figures only speak to the number seeking help from addiction, considering that it is largely believed that only 10% of all alcoholics and addicts ever seek help, how big is this problem really?)

4. Specifically fund research on the sexual abuse correlation to alcohol and drug abuse. I believe if my figures are even remotely accurate, and many think I'm way low, this needs to be addressed.
5. Fund recovery based programs such as ours to further the recovery rate by enabling more people to be served. (Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous, by tradition can not take outside contributions), however facilities such as the one we operate is operated under the 12 step recovery principle. There are thousands of facilities like ours in every state of the union and the recovery community will help if asked.
6. Offer a reward system for the persons willing to locate, identify and testify against those who would manufacture and/or distribute illegal substances other that just Crimestoppers. This program would be self sufficient if the fines levied against offenders were directed towards the informant.
7. Increase the penalty for supplying minors with any controlled substance including but not limited to alcohol. (presently a misdemeanor)
8. Increase the number of excise officers to regulate illegal sales and fund police departments with more money to be dedicated to investigation of Meth labs and other illegal drug distribution points.
9. Most importantly, decrease the billions of dollars going into research and redirect it to the aforementioned programs. If you read "the Doctor's Opinion" (page xxv) in the "Big Book of Alcoholics Anonymous", you will find through all the research that has been done we still don't know much more about this disease (other than the chemical imbalance and how it relates to the synapse) than Dr. Silkworth did in 1939 when this book was authored. Not a very good return on our dollars spent. Further, I can state irrevocably that I've never met the first alcoholic or addict that would take a pill offered to relieve his addiction or to drink normally...that's not why we afflicted individuals drank; we drank and/or used to get drunk!!!!

In summation, I would like to also say that I have attended the past 5 CADCA conferences and while I sat through some wonderful, informative and outstanding workshops, specifically regarding methamphetamine, I regret to say that for the last 2 years not a single "recovery based" workshop has been offered. Moreover, much of the professional discussion that did take place proved inadequate,

misinformed and factually and occasionally just plain wrong. This is worth attention as there is a valuable resource that scientists, doctors, counseling professionals and the greater legal communities have left largely unmined and which your district in particular would benefit immeasurably from. Please believe me when I say I don't discount what the scientific community believes to be the best they can do, nor do I think they are short of passion or dedication, however I do believe unless they themselves have walked in the boots of the alcoholic and/or addict they should give serious consideration to including the recovery community in whatever the are investigating. This should not be about degrees and how much smarter one is or the other, but about how we as a community of dedicated scientists, doctors, clergy, and recovering people can do to help one another understand each other and what is the best way to serve the people, both addicts and victims of their actions. I also want to acknowledge how grateful to Congressman Souder I am for the work he has done to eradicate the substance abuse problem in the United States. It's through his leadership that Congress is striving to do the right things. I, and my colleagues are very, very grateful. I also thank all concerned for the opportunity to address this committee, it says to me even we little guys count.

I would ask a "Power Greater Than My Self's" peace on all of you.

Benjamin Martin

Mr. SOUDER. I want to thank you each for your testimony. I am trying to think, I think maybe I will go in a reverse way. I think I will start with the law enforcement and kind of finish up some of the law enforcement and then go to some of the interrelationships.

Mr. Enyeart, you said in your testimony that you believe more money ought to be spent for education. In particular, I think you are talking about education and prevention. Would you spend it there rather than—in other words, one of the things that is not happening here, there is not going to be a big pool of money. The question is, should some of what we are spending in law enforcement move to prevention and treatment? It is a somewhat zero sum game here.

Mr. ENYEART. From my perspective you need to do both. I understand when you only have so much money, just like the individual, you have to decide what you are going to do and what you are not going to do. In my specific case, if you take the money, the Byrne drug money away from me, given the tremendous burden that has been placed on my office—I am a five-prosecutor office, and we are literally processing hundreds of these kinds of cases. That prosecutor that is paid for through that drug grant would not be there. Because in Cass County we have over a $1 million budget shortfall this year and there is no way that my county council is going to give me extra funds for another prosecutor. So that is the dilemma I find myself in.

Mr. SOUDER. We are trying to struggle through it. What I am trying to—it is a very difficult dilemma because the Cass County budget shortfall is less per population than the Federal Government shortfall. The Indiana shortfall is less than the Federal shortfall. So what it means is, they do not want to raise taxes. The State does not want to raise taxes and the Federal Government does not want to raise taxes. I am a Republican and I do not like to raise taxes and the people do not like me to raise taxes, so our constant dilemma is how do we divide up the money. What really comes down to a touchy question here is, if you do not get certain dollars to prosecute then there is no point. In other words, if they do not get enough dollars to arrest and make the case, then you do not have anybody to prosecute, and if you prosecute and we do not have anybody—if we do not have enough in the prisons that does not do any good. What we are really saying is, if we take a dollar out of that, where we know we have a person cooking meth and we know we have a person who could be prosecuted and who could be locked up, if we move that dollar over to prevention, are we as confident that we will get an actual result for it because at least you can see the tangible. On the other hand, if we never spent any dollars over here, this pool keeps getting larger and we are chasing it with fewer and fewer dollars. We just heard Noble County is chasing it with fewer dollars, you are potentially chasing it with fewer dollars. One of biggest dilemmas is how do we do that tradeoff, because we are under a tremendous amount of pressure right now to convert more to the prevention and treatment side because "the law enforcement side is not working." And when law enforcement says put more money in prevention and treatment it is com-

ing out of your budget. That is the dilemma that we are facing in Congress.

Mr. ENYEART. Right. And I would liken that, if you want a comparison, to domestic violence. You never know—every case that we prosecute could save a life. We had a case in Cass County where we prosecuted for domestic violence. That specific perpetrator later killed the victim in that case. Not in my county. He followed her to another county. How many hundreds of cases do we do in domestic violence where we are saving a person's life? We will never know that. The same thing with methamphetamine. Although, I think it is even clearer, because I know people that I have prosecuted and put in prison, I have saved their lives, just that person, not to mention the effect on their children and the community at large. And while they are in prison, they are not out setting up more clandestine methamphetamine labs and distributing more meth. The problem that I see is for every person that I send to prison, because of the financial benefit of doing this, there are three more people that are willing to step up and take their place. So from a cost effectiveness standpoint, if you have to choose one or the other, prevention. That is my opinion, and that is a prosecutor who believes strongly that these people ought to be incarcerated. But I think if you have to choose which dollar goes where, you have to start out with prevention first.

Mr. SOUDER. Or at least how you are dividing it. Let me ask in a followup question to the prisons. At the Federal area we are looking—there is some increase in funding. The some increase in funding means we are looking at 4.1 percent and there is 2.2 percent inflation, then that gets divided differently by different categories and we are hoping that we can get additional in the narcotics area because it is underneath a lot of crime and breakup of families and all kinds of things. I did not mean to make it a hard zero sum, but it is kind of a hard zero sum.

In the mix of things, the Federal Government has most jurisdiction over Federal prisons. We could, however, have money that goes into State prisons or local prisons. Do you agree with the premise that was stated? I think; I know Mr. Martin made the statement. I think one of you two may have—did you say something similar to that, Barry? In other words—Mr. Humble—[laughter.]

It makes me feel like I am back in school or something. Do you feel that the group—because you stated, and almost all of the law enforcement people here have stated, that you lock them up and sometimes they are on probation and right back out doing it again. It is heavily addictive. Would that not be the logical first place as opposed to necessarily in a school where, when you spend a dollar in the school on prevention 98 percent of those kids were not necessarily at risk in the first place? So you have wasted 98. If you get the person in the prison you are pretty much 100 percent sure. Or the jail, that they are a problem. Would that not be the first place to target prevention?

Mr. ENYEART. I disagree with that premise and here is why. When I ran for prosector, one of the main reasons I did was because I think you can make the biggest difference with children, and that is why our juvenile program in Cass County is extremely

good in my opinion. If I have to choose where a dollar is going to go, I will spend it on a juvenile delinquent every single time before I will spend it on an adult offender, and the reason is recidivism. Especially with methamphetamine, considering the highly addictive nature of it.

I guess I would also disagree with the fact—this girl that I told you about that I was talking to in that high school class, when she turned around and rolled her eyes that shocked me, because looking at her, I would not have ever thought she was an at-risk student. I think in a rural community like ours where you get some marijuana use and these other drugs are out there, and then they give you a little bit of meth to try. I think the risk is a lot higher than maybe we recognize. I do not know. But I think the premise of treating people who are already in the system versus younger people who maybe you can avoid ever getting hooked on it in the first place, I disagree.

Mr. SOUDER. Now you said juvenile offenders. Did you mean the technical term juvenile offenders on probation or do you just mean juveniles who are breaking drug laws who we may not have even picked up?

Mr. ENYEART. Juvenile offenders who are in the system and those who we do not know. I think that is why the prevention and education is so important. So I disagree with that. I think it is——

Mr. SOUDER. Would you agree that prevention—the Drug Free School's money has shown no—I mean this is research. Has shown absolutely no impact on drug use?

Mr. ENYEART. You can make statistics say anything you want to in my opinion.

Mr. SOUDER. Well the fact is that one of our frustrations is as we put this money into different counties, you can argue that, but what we are hearing—for example in Indiana, we have spent a lot of money on it and meth use has doubled. So what is the problem?

Mr. ENYEART. That is a good question. I do not know the answer to that.

Mr. SOUDER. Well we are going to be zeroing on that, too. It is a tough question for us because my assumption is, and I am not arguing with your, I am arguing with your premise a little, but I am probably trying to test your premise. Because what happens is, when we take money from a hard program where it may not be as successful as we would like and move it to a softer program where we have no real track record at this point that it is at all effective, it is; we are giving up kind of the bird-in-the-hand to chase two or three in the bush. The game would be great if we can get the prevention programs to work, but it is slugging it out on the prevention programs.

Now there are some efforts that the Federal Government has tried to do with this. One is the National Ad Campaign. And for the last few years, despite criticism, marijuana use went down last year by 10 percent. 10 percent in the last 2 years, which is the biggest drop in U.S. history in the short-term for marijuana use. So the Ad Campaign, counter to the criticism, is working in a prevention way. So that is one where we see some substance. We have really had to work on these community anti-drug groups. Noble County was one of the first in the country to get one of the first

50 grants through ONDCP and Allen County was in the second 50. But it has been frustrating to be perfectly honest, and it is frustrating to the people in Noble County and in Allen County that we have not seen more of a drop. It is sure not from effort because they are out there, they have hundreds of kids involved. We are doing programs in the school and maybe the fact is that drug use is going up so much that we cannot hold prevention as accountable because it would have gone up. It would have doubled and gone up at a faster rate. It is very hard, because what we know is this: Violent crime has dropped dramatically in the United States because we locked up the criminals. I mean all you have to do is look at the murder rates in the United States, look at the rape rates in the United States, and what we see is boy, it dropped. Now the problem is that is a short-term solution. Now they are all going to come piling out like the reentry program in Allen County. They have not recovered. They have not even been treated for the most part and they are pouring out of the prisons back into the system and we have not addressed it. But short-term, at least we lowered the crime rate. That is the dilemma we are working through with that.

I just wanted to probe. I know you had the passion there and you enunciated that passion and I wanted to make sure it was clarified for the record, because in effect that is an important statement. That a prosecutor in a small county believes that he would actually take some risk in allowing some people to be on the street because he cannot keep up is basically what you are saying.

Mr. HARP. To just address a little bit the Noble County drug free school drug free money, and so on. The criticism that I hear a lot from fellow officers and from, really from a lot of the school people, is that the kids that participate are not the kids that we are worried about anyway. They do a lot of programs. They do a lot of after-school things and the private program is fantastic. My daughter participates in that. But the kids that participate in those are "the good kids." They are not the kids that typically the school is having problems with or probation or law enforcement.

Mr. SOUDER. Mr. Humble, would you—we have talked about this subject a number of times. First all, and I want to say for the record, we all understand that all kids are at risk, but that simply statistically is not equally true. As Mr. Martin pointed out, if you have been sexually abused you are higher risk. If you have a single-parent family you are higher risk. If you are low income, it does not mean that all—my son goes to Homestead High School which is a higher income high school of a public school system in Allen County. Nobody will disagree that it is also one of the higher drug use schools that has a problem right now. So it is not just lower income. But it does not take you too long to figure out that disorganized communities are terrorized by drug dealers and often those people in the suburban schools are going down into those neighborhoods. There is a much higher risk. When I go into an inner city school in Fort Wayne and ask this question; have you heard a gun shot fired in anger at somebody else? I will get 90 percent in inner city Fort Wayne and less than 5 percent almost anywhere else in the district. Therefore, they are bearing the brunt of a lot of that, and they are more exposed to a lot of it. If I asked, have you seen a coke dealer or a marijuana dealer on the street outside your

house, I am going to get a substantially different answer in some neighborhoods than other neighborhoods. If I ask the question have you seen somebody cooking methamphetamine, I am going to get a different type of an answer. And the question is, are our prevention programs, because we do not want to be politically incorrect, we do not want to prejudge, are we not targeting as efficiently or designing, because that is one of the common complaints. The people who join the programs are the people who are not the highest risk. It does not mean they are not risks, but they may be a 10 to 15 percent risk factor as opposed to the subgroups that are 80 percent.

Barry, you have taught in a small school. Mr. Humble, you have taught in a small school, you have worked in Noble County, now you are in Allen County which is a whole different type of ballgame. So do you want to comment a little on this, because it is the knottiest thorn in the prevention question.

Mr. HUMBLE. Definitely correct. I think the prosecutor hit the nail on the head, because we actually do not know if we did not do a program what the rates were going to be. So we are judging. We are forced into judging by funders and other community activists to prove how effective that we are. I take this perspective from working with young people. I still coach wrestling, so I still work with kids. I agree that, I agree that there are children, young people, even adults that are a little more predisposed to the problem because of the environmental setting, hereditary, all those other kind of factors. But I am constantly amazed at the attitude that a lot of adults promote that kids will be kids and they are going to let them do this or they going to let them do that. We have tried to direct a lot of our prevention program toward parents, stepping up and being a parent instead of being a buddy. We have done billboard campaigns, media pamphlets, contacts. The prevention avenue is so widespread that it takes a lot of different things. So you work with the parents, you work with the kids. You try. The community also has to step up. You know, a child can go out of a prevention program and walk down to the drugstore and all of a sudden see more than a thousand messages about alcohol, tobacco. I mean you go to what I call your local stop and robs, the convenience stores, and you look on the counter and there is all these kind of ephedrine products and rolling papers. Now I am not, I guess I am not of this generation, but how many people actually roll tobacco? Legitimate tobacco to smoke? Everybody knows that they are rolling them for marijuana. So the community is sending some messages that the community needs to be more involved in the prevention message for their own neighborhood and community. So we are trying to work more at that. My last year that I was working in Noble County, and it is a privilege to get to be with Ben and Doug again because we worked on almost a daily basis, but it is to work with the workplace. Because in the workplace you have parents and you also have people that just live in the neighborhood or up there, other adults, to get them to understand the significance that they can play. So I am frustrated. I wish we could see greater results. I do know that Noble County has made some significant strides when you compare, you know, the pen and pencil survey results. It is still not what they would like it to be. We are

frustrated in Allen County by the fact that even getting the schools to do a survey to be able to acknowledge it, and that is based mostly because the school officials are afraid of what the community is going to say when they really know what the deal is.

Mr. SOUDER. Yeah. And the same thing would happen in the drug-free workplace. A few people did a test and all of a sudden they find in Noble County, what, 15 or 20 percent of their employees, and they had denied that they had a drug problem.

Mr. HUMBLE. Right.

Mr. SOUDER. But it was amazing when they did a drug test what actually happened.

Mr. HUMBLE. And the end result of that was that the places that started having a program, they had greater production, better safety records and they actually rewarded their employees with the money that they saved, so the employees made out like—really well.

Mr. SOUDER. Well today has been very informative because clearly we have heard that Cass and Starke County have a different nature of a problem than Kosciusko and Elkhart and Noble and Allen who are at the very edges of a meth outburst. It is hopping up, but it is at the edges of that. Probably South Bend, similar as we heard. So this question really applies more to the Elkhart, Kosciusko, Noble, DeKalb, Fort Wayne and probably South Bend, than it does Starke and Cass. Looking at Noble County in particular, Mr. Harp, tell me if there's any error to this. I understand the testimony from those counties, including Noble, particularly, was we have meth coming in through large Mexican organizations that represents most of the meth. This is true for Fort Wayne, by the way, too. That the second biggest cluster are cookers, where there are more of them that are involving the local police department, but the quantity they are picking up is smaller than when they get a bigger bust. The two groups in Noble County that were most affected by that were the Mexican networks that are hiding inside those who have come in to help try to keep our businesses going, which we would not be able to function without, and they are hiding among them. And the second were biker gangs.

Now coming back to the question, is there a program, for example, in drug-free Noble County—because this is our challenge as we look at prevention programs—the kids in the programs, are they the people that are likely to be or are kids of the people who are in the biker gangs or those networks? I know personally it is a frustration that mostly they are not. And so we have a disconnect, particularly when you take it down to meth, that our prevention programs, how can we get them to reach the people who are at the highest risk? I know there has been these kind of discussions, reading more Hispanic language things. Do we need more Hispanic counselors who are working with it? If the kids who are most likely, whether it is for spiritual reasons or other wind up in control of these clubs and they do certain events, does it become something that those kind of kids often do not even feel welcome at just because they are uncomfortable socially? How do we work? This is a huge challenge, and if we really are going to invest taxpayer dollars and then they are going to come back to us and say but you have just poured a bunch of money into the meth problem preven-

tion and it did not hit the target on the meth, it is gone. It will not be there the next time or two. I mean we have to have some kind of a plan, and what we are hearing today is it is a little bit different in the rural counties. We know what the pattern of this is, that the wealthy kids get it first. So probably in Allen County it will hit the suburban schools first, then it will move to the middle and then the lower income. The information systems and the prevention programs will hit the kids in the upper income families. They will move to another drug and get off of it, like crack cocaine, and it will be left in the poorest and they will become addicts. And that is where most of the people who wind up going to prison and dealing will be. We have seen this pattern with drug after drug after drug after drug. So how can we get at the front end of this? Is there a way? That is a challenge, and if anybody has any thought or wants to add anything else.

Mr. CONNOR. You know, I would say we do know where those kids who are at risk are. They are places like the Center for the Homeless. They are the kids whose parents have been incarcerated for drug use, for drug manufacturing. It is those kids with single-parent families that are suffering abuse. So being able to target funds and programs specifically toward those groups is a very effective use of prevention dollars. I know a lot of the programs that we offer for our kids. We have started a new teens program. That is a huge focus of it, abstinence, you know, avoiding drugs. Getting kids who are already in a system. We know their parents are homeless. They are 50 percent more likely to be homeless just from that fact alone. Add in the fact that they may never live in a decent neighborhood that is not drug infested and that gets amplified. So being able to provide prevention programs, but also making rehabilitation a part of the treatment. Going through a treatment program is one thing, but especially with methamphetamine where there may be significant mental cognitive delays that do not return. You are talking about somebody who after they have used is a different person than they were before. How do you rehabilitate that person and get them where they can be successful, get them into a decent job and a neighborhood where they are not going to be exposed to drugs like they would where they are going to automatically go back to? You know, being able to identify kids where their risk factors are very high, and I think those are well known. I agree with you, a lot of the DARE programs and things like that are not as effective because they are spread so thin. They are spread across every single school. You are right, they are going—the kids that are going to those activities are the ones that like that social network. It is not the kid who is isolated, who has got one parent who is working that cannot get him to an after-school function who is probably the most at-risk kid in that whole school or that whole class that has to be in that program. What happens about that child?

Mr. SOUDER. I want to do a followup question with you and then move to Mr. Martin on looking at this concept of recovery. The Center for the Homeless in South Bend I visited years ago when I worked for Congressman Coats. How long has it been in existence?

Mr. CONNOR. Since 1988.

Mr. SOUDER. I must have been there in 1989.

Mr. CONNOR. It has changed.

Mr. SOUDER. Then I was up there again though a few years ago. The concept was to try to have not just basically a flop house but a place for people to have an integrated service provider system that would then do a followup kind of what I think Mr. Martin is describing as a recovery system. In other words, unless you can get—if you do not—if you cannot read or write it is tough to hold a job. It is pretty tough, even in those first stages, and if you are doped out it is not clear you are going to show up for work it becomes a multiplicity and it is an attempt to do that. Now there are a couple of things that are unusual. Is the South Bend Center still tied in with Notre Dame?

Mr. CONNOR. Somewhat.

Mr. SOUDER. Do you get fundraising from them?

Mr. CONNOR. They are one of our founding partners. They own one of our buildings still.

Mr. SOUDER. Do you get students coming through there?

Mr. CONNOR. A lot.

Mr. SOUDER. That type of model, when I worked for Dan Coats, we held it up a lot. I think—did the President visit? I know that he uses an example.

Mr. CONNOR. Jime Touwey came from the Faith Based Initiative's Office.

Mr. SOUDER. And it is the type of thing that we need to be looking at because there needs to be a university component. I know when I went to Notre Dame you had certain requirements and volunteer hours. Furthermore, one of the things that I have looked at in social services that could be used in narcotics areas as well in other types of that is that in business, as Mr. Connor well knows, one of the things you could do is work with small business loans to help them fill out forms and get them reorganized. Well why in the social service departments of the different units cannot kids either be required or give volunteer work to do that? We are trying to work with Americorps to try to tie this kind of thing in because unless we can figure out in at least the highest—we know that it fits the highest risk population because they have already been arrested. Obviously it is better to get them the first time than the last time. By the time they are up to seven it is pretty big. If you can get them. There are kids who are clearly higher risk and there is a tier of risks here. We will be better off.

Now, Mr. Martin, could you describe in identifying further your difference between recovery and treatment, if we can make this very explicit, because you were pretty explicit. But you are defining treatment as we would go into X-facility in Fort Wayne, we would supposedly have research on what makes it effective. Presumably the length of time they are allowed to serve is about half as long as the research showed they would be——

Mr. MARTIN. Or as long as the insurance company will pay, yes.

Mr. SOUDER. So it is not even—what good does the research do if you do not follow through? But basically they go into that treatment program and then they leave and then after a while they go back into their problem and they go back to the treatment pro-

gram. I have never met an addict who has not gone through lots. I do not know whether you would agree with that.

Mr. MARTIN. Well, first of all, I am going to address a couple of things in answering that. One is the prosecutor. When he is talking about the kids, I was one of those kids. I never cared a darn about any consequence, never thought about it, it was not going to happen to me. I was going to use what I was going to use because I was having fun and I was impressing my friends and that is all I cared about because I did not feel good about me. And until you take that away from a child and make them feel good about themselves you have no chance. That is why I believe it is better to do it the other way. Treatment comes from the scientific community. It has evolved out of research and so forth and so on.

Recovery started in 1935 when Dr. Bob and Bill Dudley got together on a first call on Alcoholics Anonymous. It all started in Akron, OH. Neither one of them knew it was going to work but it did. Was the book divinely written? Probably. I think it had something to do with it. It has been successful with millions and millions and millions and now there are over 100 12-step programs identifying everything, bipolar, narcotics, alcohol, cocaine, food. I mean it goes on and on and on. What makes the AA and CA and NA system stand apart is they also have the traditions that treatment has. They do not accept any outside contributions from anybody for anything. They take no political stance on anything. They are not looking for anybody's help, they are not looking for hand outs, they are not looking to do anything but affect the person by giving what I have been given, a way to someone else is the only way I can keep it. That is the whole premise of recovery.

Why does it work? Because first of all, the person I talked to when I came around knew what I was talking about because he had been there. You know, you can study all the books you want and you can get all the Ph.D.'s you want but if you have not been there you will not understand it. I use a premise and people might see it as something that is crude but it makes a point to the average person. I had an interview out here outside today by one of the reporters and she said she understood there was such an addictive drug, but, you know, certainly it is not like alcohol or cocaine because, you know, for those you can use willpower. I said willpower? You cannot use willpower for those. She said well sure you can. I said well look ma'am, what you maybe ought to do is go home and take a box of Ex-Lax and then do not go to the bathroom and use your willpower and you will find what compulsion and mental obsession is all about. Well that is what the alcoholic goes through, and you wonder why they turn right around and go back out? Because if they did not get anything while they were in prison, they are still the same person they were, only they are a little lower because they just served time in prison.

I heard a couple of them talk about people who offended, got out and then 2 weeks later they were back in. I have watched that happen the very same day. Well what is the difference, you know? Well, they did not get anything, you know. And then I had somebody say well what you are asking is that we brainwash these guys. Well, I needed my brain washed when I sobered up. You know, that is what it took for me. You know, I am not just one guy.

We are talking about millions of people who have sobered up and gotten off drugs through this the first time. I have never been back out since April 10, 1980. It does not make me better than anybody that went back out five or six times, just their bottom was different than mine. But the point I am making is, it can work the first time if a person is willing and is hurt bad enough, and God knows I hurt. You know, I was not allowed in my own parents' home the last 2 years of their life, and I came from a good home. My home was not broken. I did not have parents who abused drugs, alcohol or anything. They were loving parents. I was different though.

I was born with buck teeth and got to hear Bucky, Bucky Beaver until I was blue in the face in 1958 when that toothpaste came out, you know. That hurt. I went and told my mom about it—and this is the other thing I want to talk about. Every alcoholic and addict has a perception problem. We do not see the world like everybody else sees it. You know, when my mamma put me on her lap and said do not worry, honey, we are going to get that taken care of when you are older, because she said when you are 12 we will get braces. That is not what I heard. What I heard was her reinforce that there was a problem with me, you know. And I grew up hearing four eyes my whole life, you know. Well the other thing about addictive personalities is we are a little on the over-sensitive part. Now whether that is a benefit today that I am overly sensitive because it plays into my life today and helps me do what I do, it sure was not a benefit as a child because I did not know how to react to other people. I only ended up getting to know two feelings, you know. One of the feelings was anger and the other one was happy and that is the only two I knew. If I was sad, I was really angry. Why that is important is because that is the very thing that often times you cannot even identify through treatment. This is a long-term deal.

When I talk about the sexual abuse, I mean I got to the point where I came right out and started asking people. We had a young lady come in yesterday. I caught her totally off guard. The thing about catching them off guard, they usually tell you the truth. I said any sexual abuse issues in your childhood? Well, yeah. How did you know that? Well, I did not, that is why I am asking because it is something we need to identify and deal with. Am I qualified to deal with her sexual abuse problems? Absolutely not, but I know where to take her to get her some help. That is where we go back to the treatment route again, because those are real, they are serious.

We do not have an opportunity to cut the fat, you know, with the Federal Government about this recovery thing, but seriously so many institutions are facilities like we have. People are willing to help, they are there but they are getting no funding, you know. And what they have always shied away from, like the Mental Health Association of Indiana would love to see us become licensed. Why? So they can put an MSW in there. You know, I mean that is insane to me. What we do, we do it very well. But the thing that bothers me most is, when I was in Washington I heard two speeches that really upset me. One, I tried to get a copy of and have not been able to, the NIDA speech. I believe her name was Dr. Baughcall who is the new NIDA director. She got up and she

talked about what they are doing in research in a prevention mode and they were doing this with monkeys. She made the statement I believe, so I would like to see it and read it. Maybe I have a perception problem and I did not perceive what she really said. But what I thought I heard her to say was that they thought they could eradicate this disease through the prevention mode because of what she had discovered with a monkey's brain and reaction to different tests they gave the monkey. What I wrote back to her and told her was, well, that is great but maybe you ought to check with some recovering people who felt what it feels like to have that drug in them and why they started to begin with. And monkeys have never had a problem with peer pressure nor have they ever been sexually abused, you know. Those are factors. I mean you cannot ignore the factors. Yet I believe the scientific community has all the good intentions in the world. I mean, I applaud them for their enthusiasm, but I really believe they need to say, you know, maybe we do not know so much. Maybe we ought to check with the people that have been through it, done that and now are better.

Did I answer that question?

Mr. SOUDER. Yeah, that was really helpful.

Let me—I want to ask a couple of technical law enforcement questions yet because I did not get a chance to do this. I want to check from the first panel with Mr. Harp and Mr. Schnepp. What did you think of the Indiana State Police. In other words, one of the questions I know in Noble County is should there be somebody from the Indiana State Police based in Noble County or is the current system working well? What was your reaction, Mr. Harp, to the discussions you heard?

Mr. HARP. Obviously any manpower that, if I am hearing correctly, the manpower issue is one that really cripples us.

Mr. SOUDER. When you find a lab do you wait for them to come out?

Mr. HARP. Yes.

Mr. SOUDER. And how long do you have officers there?

Mr. HARP. It can vary from—you know, if they are close and already out, but generally you are looking at—I would say a couple or 3 hours.

Mr. SCHNEPP. At least.

Mr. SOUDER. Is that—yours come out of Peru?

Mr. SCHNEPP. Out of Peru. But if they are at another lab already, 3 hours, 5 hours, it depends. What I have been doing in the last years, if it is not an active lab, if it is just like Wednesday night we found a fire extinguisher full of hydrous pills and stuff like that. I just called EMA out. Their director is certified and he took care of the problem. That is what I have been doing. I called the post and advised them of what I had and then the EMA director took care of the problem. We are talking about 15 or 20 minutes instead of 2 or 3 hours. It was not an active lab, but it was still a fire extinguisher, a plastic container with rags, ammonia, Sudafed, all that stuff, but there was not any chemicals actually brewing.

Mr. SOUDER. Let me ask one other question related to the types of labs you are seeing when you are working with meth in particular. The people you are dealing with—we are talking about dif-

ferent types of counties, different kinds of networks. Are they—how is it different from what you have seen in other narcotics or do you think if we get control of meth they will just move to something else? Or is this kind of a different subgroup we are dealing with in meth?

Mr. SCHNEPP. I am seeing all kinds. We had a plant manager that actually had a $200,000 home, they got into it and he was stealing the anhydrous from his workplace. He had a 200-pound tank out in his pool and he was cooking meth in his pool shed. And we have the little guy out here in the mobile home making it. I do not think you could really say it is one society. I am going to take the heat off the Hispanics and say we were having pounds delivered by Vietnamese. It was coming from California to like a Hispanic gang type thing out of Fort Wayne, I believe.

Mr. HARP. Are you saying—I mean if we drastically reduced methamphetamine are these people going to gravitate to something else? Is that it? I am not real sure.

Mr. SOUDER. What I am trying to see is, we need to work on prevention, getting all drug use down. I'm trying to figure out if the meth—it sounds to me—and maybe Mr. Martin or Mr. Humble can just—it sounds to me that meth is more like crack.

Mr. HUMBLE. It is.

Mr. SOUDER. Than other types of drugs. You might start with marijuana, start with alcohol, smoke cigarettes, move to other types of things, but because of its instantaneous pop and highly addictive nature that it behaves differently than other types of narcotics.

Mr. HARP. I did not go verbatim on my written statement, but one of the cases that I cited in there, one of the problems that I have seen is we will have career pot smokers that have functioned, you know, and went to work every day and provided for their family every day. I even cited a personal case of an acquaintance of mine. Once they get involved in meth, they—you know, they are done. They lose everything. They lose their job, they do not want to work, they lose their family and their priorities are totally about getting more meth.

Mr. SCHNEPP. They will not feed their children. They will send their children out to buy and knowing that if the children get caught stealing the pseudoephedrine or the ether cans or whatever, they will not get in near as much trouble as the adults. They are using their kids.

Mr. SOUDER. Well we have had a wide range of things. I really appreciate your patience because it has been a long day. Do any of you—I will just go down. Do any of you want to say anything? Do any of you want to say anything in conclusion?

Mr. ENYEART. I think Mr. Martin's comments are very valuable but looking at my comments, I was not looking just at one way to handle it. I think it is the drug court program that I talk about.

Mr. SOUDER. I understand.

Mr. ENYEART. The drug court program would be directed at people who are in the system. When I say low-level user, I mean someone who is addicted and doing it for their personal use. We ought to be looking at putting them into programs so that they do recover so we are not just treating them constantly. We want them to re-

cover. And a good way to do that I think in the adult, once the adults are in the system, is through a drug court program where the court maybe even on a weekly basis brings that person in. They are tested for drugs. If they test positive they get a weekend or two in jail. Say this is where you are going, and help them through the treatment process. Maybe even some incarceration is part of the treatment. Make them be in full recovery at some point.

Mr. SOUDER. Do you have anything, Mr. Schnepp?

Mr. SCHNEPP. No.

Mr. HUMBLE. I think I kind of like what the prosecutor had to say when he said we need to win. We need to develop that mentality to win. The problem is all of this drug problem has been with us long enough now through some generations and people want to see the light at the end of the tunnel. I do not know where the light at the end of the tunnel is, but I like that win idea.

The second thing is, in my line of work I have to work with treatment, justice and prevention. I agree very much with Ben that while these people are in jail there is some neat opportunities there. We have a wonderful program, a drug program that is housed in the Allen County jail. There is assignments, there is information, there is things that they have to do. It is not a very expensive program, but that at least plants the seed. So that when they do get out and they decide that they need a place to stay there are places left like Ben has and other recovery houses, that they have a chance. It is a big—it is a cooperative thing.

Mr. SOUDER. This sounds naive and it is always dangerous. But we are doing a reentry program in Fort Wayne, and we have a number of things with the prisons, but I think everybody agrees first off that probation officers have far too many kids to begin to track them.

Mr. HUMBLE. Exactly.

Mr. SOUDER. Have you seen any programs with the kids in probation? That seems like a step before.

Mr. MARTIN. My son runs one in Coldwater, MI. It is kind of like a teenagers day care. If they are not in school then they have offended through Teen Corps, Drug Corps or whatever the particular offense is, then they go there. If they are not at home with parents—if their parents are not home they are at this place or they are in school. There is no exception. He has really—it is kind of a model thing, but it is pretty impressive because it gives them control. You know, he can wash the brain a little bit.

Mr. SOUDER. Because that may be part of the targeting risk before they are into the heavy end of the criminal system.

Mr. HUMBLE. We are funding a program that is trying to be a model where they are taking juveniles who are already in the system and putting them in. They get counseling and treatment that is a part of that and they work their way through it. You know, funding issues, again, how many can you work with? Well with this group that we have, we have pretty good results, but that is only a drop in the bucket compared to all of those that are on probation.

Mr. SOUDER. I thank you for your time. We all agree that to actually get somebody, there is two things. One, getting them off the streets so they do not endanger other people and they do not blow up the whole town of Burket, to use an example from earlier today.

And the second thing is that on an individual basis in changing their lives, unless an individual makes a commitment it is pretty tough to run through the prevention treatment programs. The problem we have is we do not quite know what triggers that moment. Sometimes it is purely voluntary when they hit bottom, other times it is somebody from their family. I had one kid come up to me at one school afterwards and said a friend of mine committed suicide last night and I am afraid it is going to happen to me. So all of a sudden he hit bottom because of something that happened with his friend. It is hard to tell. If I can quote this, one of the things I have used as an example a lot of times because it was really interesting because we had worked really hard in Noble County. By the way, one thing I want to say for the record, part of the reason Noble County's statistics may be a little different is because Noble County knows they had a problem. They went after their problem; therefore, their arrest rates, their testing rates, the measurement of kids shows a problem that other places in other counties—you know, hear no evil, see no evil type of stuff. So I did not mean to pick on them.

One of the things that is really interesting after a number of years of working, I was speaking to East Noble High School seniors and raised the question, because I am a big advocate of drug testing, there should be drug testing. Immediately the student council president started berating me, a civil liberties question, we do not need to do this, etc. Another person jumped all over my case. One student said that they had been in an athletic program where there was testing required, they basically got caught, were forced to confront their parents and would have never gotten off drugs if somebody had not held them accountable because nobody seemed to care. Then somebody else said yes but everybody should not have to go through this, blah, blah, blah, and another kid raised their hand and defended the concept of drug testing and we went back and forth. The superintendent and the principal both got me in the hall and said East Noble is going to start a drug testing program, all of which is kind of suspended right now with the court decision. We are going to start a drug testing program because every single kid who raised their hand has either been counseled, arrested or we suspected had a drug abuse problem and every kid who opposed it has never been on any watch list. Backward from what people say, which kind of I think gets to this question that some of them are just out there looking to be held accountable and then others just are not prepared. It is how to identify them and find them is our challenge and prevention and treatment.

Meanwhile we thank not only those who are helping and working with them, but those who are keeping the rest of us safe as we work this through, not to mention their children and families. Yes, we hope we can do more in prevention but meantime protect the ones we can protect. We appreciate you taking the risks of walking into homes not knowing what you are going to do, not knowing what kind of retaliation the threats that every prosecutor gets into

and the risks to your family and so on. We appreciate all that you do in these kinds of things too.

With that, the subcommittee stands adjourned.

[Whereupon, at 2:06 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

Responses to Questions from House Committee on Government Reform

"Fighting Methamphetamine in the Heartland: How can the Federal Government Assist State and Local Efforts?"

Response to Questions Posed by Chairman Souder to OSLA Deputy Director Scott Burns via March 8, 2004 Letter

Question 1: What federal government resources are available to state and local agencies to help them obtain equipment to protect them from the chemicals used in methamphetamine production? More generally, what federal government resources are available to assist state and local agencies in finding and cleaning up methamphetamine labs, in arresting and prosecuting methamphetamine producers and traffickers, and in protecting children exposed to methamphetamine and its associated chemicals?

Answer 1: The aftermath of a methamphetamine lab can last for years and impacts the environment, the health of persons near the manufacturing site, and the overall safety of the neighborhood. The Community Oriented Policing (COPS) program is a national resource helping combat the spread of methamphetamine and aiding communities to clean up toxic labs.

Since 1998, COPS has invested more than $300 million nationwide in methamphetamine-related initiatives. The COPS office encourages agencies to focus on community policing approaches to methamphetamine reduction and works with agencies to develop innovative strategies to track and evaluate implementation and disseminate results to other communities confronting similar challenges. Grant recipients are encouraged to develop partnerships with other agencies, including the Environmental Protection Agency, fire departments, mental health and child protection services, local businesses, and other local law enforcement, to combat the spread of methamphetamine in their communities. The COPS office supports various methamphetamine training initiatives, including awareness training and clandestine lab enforcement training.

Additionally, funding through the COPS Methamphetamine Initiative has supported Drug Enforcement Administration (DEA) efforts to provide awareness training to law enforcement, first responders, and community members, as well as clandestine lab enforcement operations training to state and local law enforcement professionals. Methamphetamine funding has also supported the DEA's efforts to improve clandestine lab information gathering capabilities, carry out regional information sharing conferences, and assist state and local law enforcement in the clean up of methamphetamine lab sites.

The Department of Homeland Security also provides grants to state and local law enforcement agencies. Some of this grant money may be used for the protection of personnel against hazardous materials, from methamphetamine lab chemicals as well as chemical spills and potential terrorist threats in biological or chemical form.

The DEA and other law enforcement agencies continue to place a high priority on the investigation and interception of drug trafficking organizations, including those which distribute methamphetamine. The DEA estimates that approximately 80% of methamphetamine consumed in the United States is produced by Mexican superlabs. The High Intensity Drug Trafficking Area (HIDTA) program provides assistance to both state, local, and Federal law enforcement agencies in funding law enforcement initiatives that target drug trafficking organizations. One of the Administration's flagship efforts to deal with drug trafficking is the Consolidated Priority Organizational Target (CPOT) initiative, in which areas designated as a HIDTA devote more attention to dismantling the most significant and dangerous drug trafficking organizations, some of which deal in methamphetamine. In FY 2003, Central Valley HIDTA ($500,000) and Northern California HIDTA ($200,000) received funding for specific methamphetamine initiatives.

With respect to helping children who have been exposed to dangerous chemicals associated with methamphetamine production, the Bush Administration announced in FY 2003 increased support for the National Drug Endangered Children (DEC) Program. The program brings together and assists law enforcement response teams by providing technical assistance, conducting trainings and workshops, developing educational resources, and fostering interagency collaboration. Much of the money is used to support training of law enforcement in recognizing and dealing with the signs of methamphetamine production in relation to children. In total, the financial commitment of the Bush Administration to Drug Endangered Children training and programs has more than tripled from $1 million in FY 2002 to nearly $3 million in 2004 ($2.62 million COPS, $333,000 Office of Victims of Crime, and $500,000 National Chemical Methamphetamine Initiative.)

Question 2: What additional improvements would ONDCP like to see made to the precursor chemical regulations recently approved and implemented by the Canadian government?

Answer 2: The Canadian chemical control regulations, which came out in January 2003, were a useful first step in controlling illicit diversion of pseudoephedrine. However, they have two key weaknesses that the U.S. would like to see fixed. First, they do not mandate that private sector entities report to law enforcement agencies suspicious shipments of pseudoephedrine or other precursor or essential chemicals, only that records are kept. Reporting to the Royal Canadian Mounted Police (RCMP) should be mandatory and those that fail to report should be subject to sanctions. Secondly, Health Canada, the rough equivalent to HHS, is in charge of implementing regulations rather than a law enforcement agency. In the United States, the DEA enforces chemical control regulations. Canada's regulatory regime would be stronger if it were administered by the RCMP or some other Canadian law enforcement agency with expertise in narcotics production and trafficking.

Question 3: At the hearing, we heard testimony from a local law enforcement official that methamphetamine is being taken in "cocktail" form with other kinds of

drugs. How often is methamphetamine taken in combination with other drugs, including opiates like oxycodone or hydrocodone, and anti-depressants or anti-anxiety drugs like Xanax or Prozac?

Answer 3: Methamphetamine users often take other drugs after consuming methamphetamine. Specifically, methamphetamine users will take a sedative of some nature, usually marijuana or Xanax, in order to control their decline from the high they received from methamphetamine. A single hit of methamphetamine can last six to eight hours, and users often stay "high" by continuing to use methamphetamine until their supply is depleted. These extended highs can range from one to five days. Many methamphetamine addicts find that they need something like marijuana or Xanax to enable them to finally sleep after having run their bodies ragged on such extended use of methamphetamine.

State and local law enforcement officials in Indiana indicate that methamphetamine is occasionally taken along with other drugs as part of a cocktail, primarily in rural areas. The Allen County Drug Task Force reported that methamphetamine is still less popular than cocaine and all methamphetamine users they have arrested or have regular contact with use methamphetamine by itself. In rural counties, however, some drug task forces are finding more use of methamphetamine as an ingredient in a drug cocktail. These counties include Kosciusko, Whitley, Marshall and Elkhart, where some users have started to combine methamphetamine and heroin.

On a national level, the consumption of methamphetamine as part of a "drug cocktail" is rare, but does occur. It does not appear to be part of a national trend, but may be developing as a trend in some localities, primarily in the Midwest. The El Paso Intelligence Center (EPIC) and DEA headquarters indicate that ingesting methamphetamine as part of a drug cocktail is extremely rare. These agencies have no statistics on the cocktail use of methamphetamine and no comments on it from agents in the field.

QUESTIONS FOR THE RECORD

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COMMITTEE ON GOVERNMENT REFORM
UNITED STATES HOUSE OF REPRESENTATIVES

FIGHTING METHAMPHETAMINE IN THE HEARTLAND:
HOW CAN THE FEDERAL GOVERNMENT ASSIST STATE
AND LOCAL EFFORTS?

FEBRUARY 6, 2004

1. How many cases in Indiana have involved precursor chemicals smuggled from Canada across the Ambassador Bridge or other Northern Border crossings?

There has been one case in Indiana involving precursor chemical smuggling from Canada. The investigation was initiated shortly after the September 11, 2001, terrorist attacks when a cooperating source reported suspicious behavior by two men of Middle Eastern descent seen at a truck stop near Anderson, Indiana. Based upon the descriptions and information provided by the cooperating source, the Indiana State Police assisted in the investigation by identifying and stopping the vehicle, a Ryder rental truck, being operated by the suspects. Permission to search the truck was granted by the operator and the lessee, which resulted in the seizure of 1,620,000 tablets of pseudoephedrine. At the time of the seizure, the lessee advised that he had purchased the tablets in Canada. Following the seizure of the pseudoephedrine, the defendants subsequently cooperated with the DEA. Their cooperation led to the arrest of the ultimate customers for the pseudoephedrine in Los Angeles, CA. The investigation resulted in three Federal convictions.

2. What additional improvements would DEA like to see made to the precursor chemical regulations recently approved and implemented by the Canadian Government?

Canada's new precursor chemical control regulations, effective (with respect to chemical importations) in January 2003, are a good first step in gaining control over the chemical industry in Canada. The DEA would, however, suggest the following additional improvements, to strengthen further the text and enforcement of the Canadian regulations. First, the DEA would like to see a dedicated force of inspectors to conduct on-site pre-registration investigations of license applicants and to conduct investigations of suspicious licensees. Second, in a related vein, Canadian authorities should continue to verify the legitimacy of proposed importations and exportations so that, for instance, the recent increase in bulk ephedrine imports can be

scrutinized. Third, a formal framework for cooperation among the various agencies involved in chemical control, including both regulatory and law enforcement, should be devised. Current cooperation mechanisms are informal. Significantly, there needs to be an avenue through which information from law enforcement, such as the Royal Canadian Mounted Police and Canada Customs and Revenue Agency, can be shared with Health Canada, which is a regulatory agency. As it stands now, only derogatory information from the International Narcotics Control Board or a competent national authority can be accepted by Health Canada. Additionally, information should be shared between all agencies involved in chemical control. Fourth, there is hope for a Bilateral Chemical Control Working Group based on a similar U.S.-Mexico working group, which has been functioning since May 1996. Finally, on the domestic front (on which regulations went into effect only in July 2003), reporting of suspicious transactions is voluntary, as opposed to mandatory, as it is in the United States. This will result in the generation of reports from legitimate firms only. "Rogue" chemical businesses will not be non-compliant with the law, because it does not require reporting.

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