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LAW ENFORCEMENT AND THE FIGHT AGAINST METHAMPHETAMINE: IMPROVING FEDERAL, 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

ONE HUNDRED NINTH CONGRESS

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LAW ENFORCEMENT AND THE FIGHT AGAINST METHAMPHETAMINE: IMPROVING FEDERAL, STATE, AND LOCAL EFFORTS

TUESDAY, AUGUST 23, 2005

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

The subcommittee met, pursuant to notice, at 9 a.m., in the McCoy Room at the Kelley Center, Wilmington College, Wilmington, OH, Hon. Mark Souder (chairman of the subcommittee) presiding.

Present: Representatives Turner, Cummings, and Souder.

Staff present: Nicholas Coleman, professional staff member and counsel; and Malia Holst, clerk.

Mr. SOUDER. The subcommittee will now come to order.

Good morning, and we thank you all for coming. Today we will continue our subcommittee's work on the problem of methamphetamine trafficking and abuse—a problem that is ravaging the entire Nation and putting a severe strain on law enforcement agencies at State and local levels.

I would particularly like to thank Congressman Mike Turner for inviting us here to Wilmington for this important hearing. I look forward to working with him as Congress moves ahead with anti-methamphetamine legislation.

I would also like to thank our ranking member, Congressman Elijah Cummings, for taking the time from his August recess to join us here in Ohio today. Even though meth is not yet one of the primary drug threats in Congressman Cummings' own district in inner-city Baltimore, he has always been very supportive of our national efforts to stop this deadly drug.

This is actually the 10th hearing focusing on meth held by our subcommittee since 2001. In places as diverse as Indiana, Arkansas, Hawaii, and Minnesota, I have heard moving testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

Today we are focusing particular attention on the challenge of meth to Federal, State, and local law enforcement agencies. That challenge is complicated by the way this drug is made, and by who

is making it. Most meth comes from the so-called "superlabs" in California and northern Mexico, and Congress is currently exploring ways to address that problem.

Direct action against the labs themselves, and the traffickers controlling them, is part of the solution. But an even more important part is controlling the supply of precursor chemicals, notably pseudoephedrine, the key component in most cold medicines. We need a better international system for controlling the manufacture and distribution of pseudoephedrine to prevent its being diverted to meth production.

However, Congress also needs to address the other source of meth supply: the small, clandestine or "clan" meth labs that generate so much damage and misery for local communities. The amount of meth that is created at these smaller labs is relatively small, yet they have a huge impact on the community due to the environmental damage and health risks that they create.

The National Association of Counties recently published a survey, which details the enormous impact that meth is having on law enforcement agencies. The survey reported that nearly 60 percent of the responding counties stated that methamphetamine was their largest drug problem; 67 percent reported increases in meth-related arrests. Over half of the agencies surveyed stated that at least 1 in 5 jail inmates are serving methamphetamine-related sentences.

Proposals to give Federal help to this ground fight against clan labs have taken two general forms—first, proposed retail and wholesale regulations of pseudoephedrine products; and, second, financial assistance to State and local agencies to deal with the cost of investigating and cleaning up lab sites. I believe that both approaches will be necessary, but the question is how they can best be implemented.

Nearly everyone agrees that we need to better regulate pseudoephedrine products. As they say, however, the devil is in the details. Precisely what regulations are needed at the Federal level, and what kind of exceptions should apply? Some ideas—including import controls, better wholesale market monitoring, and repealing Federal exemption that allows unlimited sales of pills in blister packs—are fairly non-controversial. I have proposed legislation that would put all of these into Federal law.

Congress is also considering legislation for another approach, putting pseudoephedrine on Schedule V of the Controlled Substances Act, which would put most cold products behind the pharmacy counter, and prevent non-pharmacies from selling them. A number of States have already passed such regulations. In fact, the overall majority are currently considering it. And hopefully we will have data soon showing how effective they, in fact, are. But we need to be mindful of the impact of these laws on consumers and on small businesses. We don't want to pass laws that unnecessarily burden consumers in rural and small towns that prevent everyone but Wal-Mart and Target from selling cold medicines.

The second major proposal involves providing Federal financial and other assistance to State and local law enforcement agencies. The cost of cleaning up meth labs is very high—much higher than most rural agencies can afford. Moreover, the health hazard of meth labs is such that local police officers often have to wait for

6 hours or more for the State lab unit to arrive. That's time wasted, when they can't protect the community from other threats.

The Federal Government must do something to help with this serious problem, because the Nation's fight against illegal drug trafficking depends on the ability of State and local agencies to do their part. But we also have to recognize that we will never have enough money to fund every anti-meth effort. We need a mechanism for targeting limited Federal resources in the areas with the most significant problem, and where they will have the most significant impact.

My bill, and a number of other bills, try to address these various issues, but we need an overall, national anti-meth strategy if we are ever going to get ahead of the meth problem. In this, I have frankly been very disappointed by the administration, which has not yet developed such a comprehensive strategy.

I am a strong supporter of President Bush, but I believe his administration can do better than the rather tentative anti-meth initiatives announced last week in Tennessee. They are a nice first step, but we need a lot more leadership on this issue.

At today's hearing, we will hear from the Federal, State, and local agencies that are trying to provide local leadership against the meth epidemic right here in southern Ohio. We welcome Gary Oetjen, Assistant Special Agent in Charge of the Drug Enforcement Administration; and John Sommer, Director of the Ohio High Intensity Drug Trafficking Area, the so-called HIDTA program. The HIDTA program has set a new standard for improving Federal, State, and local law enforcement cooperation, and I look forward to hearing about HIDTA's impact on the meth problem.

On the second panel we will hear from Commissioner Randy Riley of Clinton County; Sheriff Ralph Fizer, also from Clinton County; Sheriff Tom Ariss of Warren County; Sheriff Dave Vore from Montgomery County; Commander John Burke of the Greater Warren County Drug Task Force; and Jim Grandey, the Highland County Prosecutor.

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

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

Opening Statement
Chairman Mark Souder

"Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts"

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

August 23, 2005

Good morning, and thank you all for coming. Today we continue our Subcommittee's work on the problem of methamphetamine trafficking and abuse – a problem that is ravaging the entire nation and putting a severe strain on law enforcement agencies at the state and local levels.

I'd particularly like to thank Congressman Mike Turner for inviting us here to Wilmington for this important hearing. I look forward to working with him as Congress moves ahead with anti-methamphetamine legislation. I'd also like to thank our Ranking Member, Congressman Elijah Cummings, for taking the time from his August recess to join us here today. Even though meth is not yet one of the primary drug threats in Congressman Cummings' own district in inner-city Baltimore, he has always been very supportive of our national efforts to stop this deadly drug.

This is actually the tenth hearing focusing on meth held by the Subcommittee since 2001. In places as diverse as Indiana, Arkansas, Hawaii and Minnesota, I have heard moving testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

Today, we are focusing particular attention on the challenge of meth to federal, state, and local law enforcement agencies. That challenge is complicated by the way this drug is made, and by who is making it.

Most meth comes from the so-called "superlabs" in California and northern Mexico, and Congress is currently exploring ways to address that problem. Direct action against the labs themselves, and the traffickers controlling them, is part of the solution. But an even more important part is controlling the supply of precursor chemicals, notably pseudoephedrine (the key component in most cold medicines). We need a better international system for controlling the manufacture and distribution of pseudoephedrine, to prevent its being diverted to meth production.

However, Congress also needs to address the other source of meth supply: the smaller, clandestine or "clan" meth labs that generate so much damage and misery for local communities. The amount of meth that is created at these smaller labs is relatively small, yet they have a huge impact on the community, due to the environmental damage and health risks that they create.

The National Association of Counties (NACo) recently published a survey which details the enormous impact that meth is having on law enforcement agencies. The survey reported that nearly 60% of responding counties stated that methamphetamine was their largest drug problem.[1] 67 percent reported increases in meth related arrests. Over half of the agencies surveyed stated that at least 1 in 5 jail inmates are serving methamphetamine related sentences.

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[1] National Association of Counties. Survey: "The Criminal Effect of Meth on Communities". July 5, 2005.

Proposals to give federal help to this "ground fight" against clan labs have taken two general forms: first, proposed retail and wholesale regulations of pseudoephedrine products, and second, financial assistance to state and local agencies to deal with the cost of investigating and cleaning up lab sites. I believe that both approaches will be necessary, but the question is how can they best be implemented.

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The second major proposal involves providing federal financial and other assistance to state and local law enforcement agencies. The cost of cleaning up meth labs is very high – much higher than most rural agencies can afford. Moreover, the health hazard of meth labs is such that local police officers often have to wait for six hours or more for the state lab unit to arrive. That's time wasted, when they can't protect the community from other threats.

The federal government must do something to help with this serious problem, because the nation's fight against illegal drug trafficking depends on the ability of state and local agencies to do their part. But we also have to recognize that we will never have enough money to fund every anti-meth effort. We need a mechanism for targeting limited federal resources in the areas with the most significant problem, and where they will have the most significant impact.

My bill, and a number of other bills, try to address these various issues, but we need an overall, national anti-meth strategy if we are ever going to get ahead of the meth problem. In this, I have frankly been very disappointed by the Administration, which has not yet developed such a comprehensive strategy. I am a strong supporter of President Bush, but I believe his Administration can do better than the rather tentative anti-meth initiatives announced last week in Tennessee. They are a nice first step, but we need a lot more leadership on this issue.

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

Mr. SOUDER. Now I would like to yield to our distinguished ranking member, Mr. Cummings, for an opening statement.

Mr. CUMMINGS. Thank you very much, Mr. Chairman, and I want to thank Mr. Turner for inviting us to his district, and we want to thank you, Mr. Turner, for your leadership on this issue. We know what it means to you. We know that you have put it at the forefront of your priorities, and so we really do appreciate this opportunity to be here.

Mr. Chairman, I want to thank you for convening today's field hearing on law enforcement and the fight against methamphetamine. Today's hearing is the 10th in a series of hearings the subcommittee has held on the impact of methamphetamine on communities across this Nation. And I think that speaks volumes about your leadership and your commitment to this extremely challenging issue.

I might add that this is a bipartisan effort. Wherever drugs are affecting people, illegal drugs affecting people throughout our Nation, we stand together. Methamphetamine, or meth, is not a new drug. In fact, it has been around for decades. Meth originated in south California, and its production, trafficking, and use were traditionally limited to California and a small number of western States, where the primary producers, traffickers, and users were outlaw motorcycle gangs and affiliated populations.

Over the past couple of decades, however, Mexico- and California-based Mexican drug traffickers have become the primary large-scale producers of meth through their operation of so-called "superlabs" that are capable of producing 10 or more pounds of high purity meth in a single production cycle.

Small-scale production and distribution of meth has also increased rapidly, as clandestine labs, some by individual users capable of producing very small quantities of the drug, have proliferated in many areas of this country. Clandestine labs are particularly prevalent in rural areas where they are difficult for law enforcement to detect.

And let me add here to all of our officers, to the DEA, and HIDTA, and all of those in law enforcement, I want you to understand that our committee and subcommittee are dedicated—we understand that you are a—truly a fed blue line, and that we want to do everything in our power to help you do your jobs.

The trends that I have talked about have caused the Midwest Region to experience tremendous growth in both trafficking and production, and that activity is spreading into the southeast and the northeast regions.

As a result, according to a recent report by the National Association of Counties, the meth epidemic in America—meth is now the No. 1 illegal drug threat facing most of the 500 counties that participated in a survey of local law enforcement agencies. Unfortunately, Ohio is no exception, as lab seizures, prosecutions, and the myriad of problems that accompany meth addiction and production have increased dramatically in this State.

For many reasons, meth is an especially dangerous drug, with devastating consequences for individual users, as well as the communities in which they live. A powerful stimulant that affects the central nervous system, meth is derived from a chemical compound

contained in over-the-counter nasal decongestants and bronchia inhalers, as well as in certain weight-loss treatments.

Meth can be smoked, snorted, orally ingested, or injected, and is known by a variety of street names depending upon the form in which it is used. Meth frequently is produced in a powder form, and also in a rock form known as crystal meth or ice. Because of its high purity, the intense and prolonged high it produces, and the fact that it can be smoked, ice has become a popular drug among non-traditional users, including young people who use the drugs at rave parties.

The side effects of meth use are dangerous and sometimes fatal. They include convulsions, high body temperature, stroke, cardiac arrythmia, stomach cramps, and shaking. Meth is highly addictive, and abuse of the drug can cause violent behavior, anxiety, and insomnia, in addition to psychotic effects such as paranoia, hallucinations, mood swings, and delusions.

Persistent users develop a tolerance for the drug that requires a user to take increasing amounts to achieve the desired effects. Because meth can be manufactured using ingredients purchased in U.S. retail stores, small clandestine labs are often found in homes, apartments, hotel rooms, rented storage spaces, and trucks.

Although most of these labs produce less than 10 pounds of meth in a year, their impact on the environment and the costs of cleaning up the toxic waste from these sites can be enormous. Because the ingredients are not only toxic but extremely volatile in combination, these labs also pose a serious danger to the so-called meth cooks who make the drug, as well as individuals living in close proximity to the activity.

All too often children are found in small-scale labs. These children are not only at great risk of physical harm from explosions or exposure to toxic chemicals, but they are also victims of neglect or abuse, because of the drug's effects on their parents or other relatives. These circumstances have led to a large number of children being taken from the custodial control of their parents and placed in foster homes, adding another tragic dimension to this problem.

Meth abuse has not yet—not yet—become a major problem in communities of Baltimore City and Baltimore County, Howard County, in Maryland, which I represent. But the rapid spread of meth production, trafficking and abuse in the United States, underscores the fact that America's drug problem affects all parts of America, and that no community is immune to the introduction of a dangerous, new drug threat.

The possibility that could become a major problem in large eastern cities like Baltimore is a major concern to all of us. According to the Drug Enforcement Administration, aggressive enforcement and tighter controls on the commercial importation and distribution of meth, meth precursor products, have contributed to a sharp decline in the number of superlabs operating in the United States.

At the same time, however, superlabs in Mexico have increased in number. Widespread trafficking of meth in the United States by Mexican drug trafficking organizations continues, and clandestine labs continue to proliferate in many areas of our country. Effective law enforcement efforts, including cooperation and coordination be-

tween Federal, State, and local agencies will continue to be necessary to combat this problem.

Regional task force, the HIDTA program, which I am very pleased to say that this committee played a major role in making sure that we retain the funding for, and the Justice Department grant programs to support State and local enforcement and cleanup efforts, must continue to play a substantial role.

Congress must consider what additional legislative steps can and should be taken, including whether consumer access to cough and cold medicines, and other retail products, should be restricted. Today's hearing offers the opportunity to hear and consider the views of important players in the fight against meth in Ohio, and I welcome their input concerning how we can improve on what we are doing to fight meth at the Federal, State, and local level.

Finally, Mr. Chairman, as I have said many times before this committee, I believe it is also important to recognize the importance of drug treatment and how it can complement enforcement efforts in addressing this epidemic. Research for the Center for Substance Abuse Treatment shows that meth addiction can be effectively treated, and that the benefits of treating meth addiction are similar to the benefits derived from treating addiction to other drugs.

If use of the drug is stopped or reduced, criminal activity and recidivism decline, employment status and housing status improve, and overall health improves. We have seen, with regard to cocaine and heroin abuse in Baltimore, that treatment and law enforcement must—must—go hand in hand to maximize our impact on reducing addiction, drug abuse, and related social ills. And I believe the same formula will yield stronger results elsewhere.

That said, I thank you, Mr. Chairman, again, and I thank you, Mr. Turner, for having us in your district.

Mr. SOUDER. Before I yield to Chairman Turner, who has been a very strong leader in our Government Reform Committee, and a great addition in all these efforts in fighting meth, I want to thank him in particular for getting our distinguished ranking member here to a real small town.

He came to a hearing in Fort Wayne. He represents inner-city Baltimore. We have been up there, and I have learned more about the streets of Baltimore and the struggles in many of his very tough parts of his district, but he came to Fort Wayne once, and he keeps referring to it in Washington as a small town. [Laughter.]

And it is 230,000 people. Small town, from Pittsburgh west, many towns, in fact the majority of towns, have marked the highest building as a great—and you can tell that here rivaled by the water tower. And that is the true midwest, and you are getting a dose of that.

If we had time, we would take him out and have him milk a cow, get a little bit of cheese—[laughter]—check out the difference of what a real bean is, not a green bean but a soybean, a few things like that. But thank you for having us here today.

Mr. TURNER. Mr. Chairman, thank you so much for bringing the Subcommittee on Criminal Justice, Drug Policy, and Human Resources here to Wilmington. I want to thank Ranking Member Cummings for being here.

Both of you are national leaders in this issue, and your efforts to highlight the problems of meth and to look for solutions are very important. And Chairman Souder has come from Indiana, our neighboring State, but, Mr. Cummings, appreciate you coming from Maryland.

Both of these gentlemen have taken time from their districts and from their families to be here. And why are they here? They are here not only because they have insight in this issue, and they are leaders on the national level for this, but also because they want to hear locally what's going on in our community and what we are experiencing, so that we can look at national solutions for this issue.

I appreciate both of you taking your time from your districts and your families to be here. But, more importantly, we all appreciate the fact that on a national level that you have made this an important issue. And, Mr. Cummings and Chairman Souder, you have made certain that—not only that there's focus on this but that there's a search for solutions. So thank you for bringing this hearing here today and for your efforts on the national level.

I want to thank our panel of witnesses and what they are going to bring to this issue—the witnesses that we have are bfrom Clinton, Warren, Highland, and Montgomery Counties. The testimony that we receive today will be helpful in examining the problems of methamphetamine abuse nationally and locally, and how we in Congress can assist local law enforcement officials in combating meth abuse.

While a lot of the tension on the war on drugs has been focused on the problems of cocaine and heroin, methamphetamine abuse is reaching crisis levels all over the country and here in southern Ohio. The effects of meth usage on the body are dramatic.

In the short term, meth significantly increases the level of dopamine released from the brain. A single dosage of meth can result in dangerously high body temperatures and even cause convulsions. In the long term, methamphetamine use appears to cause reduced levels of brain activity, resulting in symptoms like those of Parkinson's Disease.

Nationally, meth abuse has become an increasing problem. According to the 2002 National Survey on Drug Use and Health, 12.3 million Americans age 12 and older have tried meth at least once in their lifetime—5.2 percent of the population with the majority of past-year users being between 18 and 34 years of age.

Since 2003, 32 active labs were closed in Clinton County. And since 2004, Warren and Highland Counties have closed almost 50 active meth labs combined. Meth abuse has also increased other crimes, such as theft and home burglaries. For law enforcement, fighting meth is dangerous, not only because of the harmful effects of the drug that it has on users and their families, but also because meth labs are highly toxic and volatile, making them a hazard to clean.

The meth problem has also reached our schools, and that's why I appreciate both of you raising the issue of the effects of this drug on people, so that we can get the message out to our youth to avoid drug abuse and, of course, to avoid meth.

Again, Mr. Chairman, thank you for your leadership on this critical issue. I look forward to hearing from today's distinguished panel of witnesses, and to working with you to address meth abuse issues.

Thank you.

Mr. SOUDER. Thank you. What I often do when we are—let me do first the procedural matters. Before we hear testimony, we will take care of some procedural matters. First, I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions to the hearing record, and that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

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

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

When am I on the road, I usually try to explain a little bit what this committee does and our process here. The Government Reform Committee actually is older than the authorizing committees, and we do oversight. It was pretty evident under the last administration that many of the investigations that we did from the Travelgate on through were done by Government Reform and Oversight.

Our subcommittee is a little bit different in the sense we do oversight on the narcotics issue, but we also have legislative jurisdiction over the Office of National Drug Control Policy [ONDCP]. And so we don't just do oversight, we actually do authorizing through this subcommittee, which is relatively unique.

The way most people now—rather than thinking back a number of years—think of this is the witnesses can pretend you are Mark McGwire, and now it was a lot easier to get—we did the steroids hearing through Government Reform. We moved it up to the full committee level. We swear in our witnesses, because it is an oversight committee. Rafael Palmiero is learning that sometimes we can actually prosecute for perjury. The question was: is it relevant? And was he abusing at the time he testified?

You all were much easier to get here today than Mark McGwire, who for days moved around so he could not get a subpoena served. And now we know why. But this is the committee that does those type of hearings, and that is part of our function—to see that the laws of the United States are implemented and what laws needed to be developed, so we can then move it into the legislative process and the appropriations process.

We always start our hearings trying to get the—if there are Federal witnesses, they start on the first panel, as is the tradition of the committee. And we try to have them lay out kind of the regional approach that is occurring in the area, and then pick up the State and local. This hearing particularly is focused on law enforcement. We have been doing all of the different aspects.

And yesterday, in Fort Wayne, the Director of SAMHSA, the Substance and Alcohol and Mental Health Administration, was in Fort Wayne, and we spent most of the day with treatment providers trying to figure out how to deal with meth. But normally the first thing that hits is the law enforcement problem. Then we move to trying to figure out how to treat it, and then it dawns on everybody that maybe we ought to prevent it.

And the reason I keep talking about a national strategy, it would be nice to get that a little bit in a different order in the places where it hasn't hit yet. And as we see it often in the rural areas, it isn't even—even though Fort Wayne region is eighth hardest hit in the Nation, there is none in Fort Wayne.

And trying to get ahead of this before it hits the urban areas means we ought to get prevention at the front end, so then we can try to work with the law enforcement and treat those, in fact, where we don't get it prevented, and they get caught in the law enforcement, then treat. And we have this by not having a coordinated national strategy right now. We have this whole thing out of whack, and we only are going backward with it, and yet it is a freight train heading toward the big cities.

And as we heard in Minneapolis/St. Paul, they got whacked. In 12 months they went from no kids in child protection to 80 percent of the kids in child protection were meth addicts. And when it hits a city, it is much harder than crack, and that is partly why we are getting attention beyond the rural areas of the United States, because as it hits Omaha, as it hits Minneapolis/St. Paul, as we see it move into bigger cities and at the edge of Detroit and the edge of New Orleans, we are starting to see it start to move in. This all of a sudden will grab attention levels like it has never done before.

So our first panel is composed of Gary Oetjen, Assistant Special Agent in Charge of the Louisville, KY District Office of DEA, and John Sommer, Director of the Ohio High Intensity Drug Trafficking Area [HIDTA].

So as an oversight committee, it is our standard practice to ask all our witnesses to testify under oath. So please stand and raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Thank you. Let the record show that the witnesses responded in the affirmative, and we will start with Mr. Oetjen.

STATEMENTS OF GARY W. OETJEN, ASSISTANT SPECIAL AGENT IN CHARGE, LOUISVILLE, KY DISTRICT OFFICE, DRUG ENFORCEMENT ADMINISTRATION; AND JOHN SOMMER, DIRECTOR, OHIO HIGH INTENSITY DRUG TRAFFICKING AREA [HIDTA]

STATEMENT OF GARY W. OETJEN

Mr. OETJEN. Chairman Souder, distinguished Members of Congress, my name is Gary Oetjen, and I am the Assistant Special Agent in Charge of the Drug Enforcement Administration for the Louisville District Office.

On behalf of DEA Administrator Karen Tandy, and Detroit Field Division Special Agent in Charge Robert Corso, I appreciate your

invitation to testify today regarding DEA's efforts to combat methamphetamines in the State of Ohio.

Detroit Field Division's area of responsibility includes the States of Michigan, Ohio, and Kentucky. In my capacity as Assistant Special Agent in Charge of the Louisville District Office, I am responsible for all of the DEA offices and operations in the State of Kentucky, and also the Cincinnati, OH resident office.

With me today is Anthony Mirata, the Assistant Special Agent in Charge of the Columbus area district office. And Mr. Mirata is responsible for the five other offices throughout the State of Ohio.

Until the late 1980's, methamphetamine was a relatively unknown drug outside the States along the west coast. However, by the early 1990's, methamphetamine was gaining in popularity and began spreading across the country. Today, few places in the United States have not felt its impact. The State of Ohio is no exception.

In Ohio and across the Nation, we have initiated and led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked jointly with our Federal, State, and local law enforcement partners to combat this drug. As a result of DEA's efforts and those of our law enforcement partners in the United States and Canada, we have seen a dramatic decline in methamphetamine superlabs in the United States. But with this drop in superlab activity, we have also seen an increase of superlabs in Mexico.

No precise breakdown is available, but current drug and lab seizure data suggests that roughly two-thirds of the methamphetamine used in the United States comes from the larger labs, increasingly in Mexico, and that probably is—about one-third of the methamphetamines consumed in this country comes from the small toxic labs.

Though methamphetamine is clearly a growing threat in Ohio, currently the greatest drug threat in Ohio is cocaine, in both the form of powder and crack. The most violent crime in Ohio is attributed to the distribution and the abuse of cocaine and crack cocaine. Additionally, local law enforcement agencies throughout Ohio most frequently identified cocaine, either powdered or crack, as the drug that contributes most to the property crime in their respective areas.

Methamphetamine manufacturing and use are increasing throughout the State. In 2000, Ohio law enforcement agencies reported just 29 methamphetamine-related instances to El Paso Intelligence Center [EPIC]. In 2004, this number had increased to 286 instances in the State of Ohio, with 162 being actual methamphetamine labs. In 2004, Summit County, OH, which encompasses the Akron area, accounted for over 25 percent of the State's methamphetamine lab seizures.

The vast majority of labs seized in Ohio were small, toxic labs, which typically produce 1 to 2 ounces of meth. Arrest data shows that the predominant manufacturers and users of methamphetamine in Ohio are caucasian males and females.

We are well aware that combating this drug requires a concentrated effort by law enforcement at all levels. The strong work-

ing relationship that the DEA has developed with State and local law enforcement is an essential element of this effort.

Another tool in this fight comes to DEA's Office of Training, which shares our expertise by training thousands of State and local partners from all over the country as well as our international counterparts. Since fiscal year 2002, the DEA has provided clandestine laboratory training to more than 100 officers here in Ohio.

DEA also provides cleanup assistance to law enforcement agencies across the country as they battle this drug. DEA's hazardous waste program, with the assistance of grants from—to State and local enforcement supports and funds the cleanup of the majority of laboratories seized in the United States.

In Ohio, from fiscal year 2002 through fiscal year 2004, DEA administered 556 lab cleanups at a total cost of $1,145,600. For 2005, up to June 30 of this year, the DEA has thus far administered 331 cleanups at a cost of $655,200.

More than any other controlled substance, methamphetamine endangers children through the exposure, the drug abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosions. In response to these tragic phenomena, the DEA has enhanced its victim witness program to identify, refer, and report these incidents to the proper State agencies.

This program ensures that the endangered children are identified, and that each child's immediate safety is addressed at the scene through coordination with child welfare and health care services.

The DEA, both nationally and in Ohio, is keenly aware that we must continue our fight against methamphetamines and stop the spread of this drug. To combat this epidemic, we are fighting methamphetamine on multiple fronts.

Thank you for your recognition of this important issue, and the opportunity to testify here today. I will be happy to answer any questions you may have, along with ASAC Mirata.

[The prepared statement of Mr. Oetjen follows:]

Statement of

Gary W. Oetjen

Assistant Special Agent in Charge
Louisville District Office
Drug Enforcement Administration
United States Department of Justice

Before the

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

Regarding

"Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts

August 23, 2005
9:00 a.m.
Wilmington College, Wilmington, Ohio

Statement of

Gary W. Oetjen
Assistant Special Agent in Charge
Louisville District Office
Drug Enforcement Administration

Before the

Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Committee on Government Reform
U.S. House of Representatives

Concerning

Law Enforcement and the Fight Against Methamphetamine:
Improving Federal, State and Local Efforts

Presented
August 23, 2005

Chairman Souder, and distinguished members of the House Government Reform Committee-Subcommittee on Criminal Justice, Drug Policy and Human Resources, my name is Gary Oetjen and I am the Assistant Special Agent in Charge of the Drug Enforcement Administration's (DEA) Louisville District Office. On behalf of DEA Administrator, Karen Tandy, and Detroit Field Division Special Agent in Charge, Robert Corso, I appreciate your invitation to testify today regarding the DEA's efforts to combat methamphetamine in the State of Ohio.

Overview

Methamphetamine has rapidly spread across the country, leaving behind it a trail of destruction. This drug, which until the late 1980s was relatively unknown outside of the states along the West Coast, has continued to move eastward at an alarming pace. Today, few places in the United States have not felt methamphetamine's impact. The State of Ohio is no exception.

The DEA aggressively targets those who traffic in and manufacture this drug, as well as those who traffic in the chemicals used to produce this poison. In Ohio and across the nation, we have initiated and led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked jointly with our federal, state and local law enforcement partners to combat this drug. The efforts of law enforcement have resulted in several successful investigations which have dismantled and disrupted high-level methamphetamine trafficking organizations, as well as dramatically reduced the amount of pseudoephedrine entering our country.

Combating this drug requires a concerted effort by law enforcement at all levels, and the strong working relationship with State and local law enforcement that DEA has developed is an essential element of this effort. In addition to our enforcement efforts, we are using the expertise of the DEA's Office of Training, which has provided clandestine laboratory training to thousands of

our state and local partners from all the over country, as well as to our international counterparts. The DEA also provides cleanup assistance to law enforcement agencies across the country, as they battle this drug.

National Methamphetamine Threat Assessment and Trends

Methamphetamine found in the United States originates from two general sources, controlled by two distinct groups. Most of the methamphetamine found in the United States is produced by Mexico-based and California-based Mexican traffickers. These drug trafficking organizations control "super labs" and produce the majority of methamphetamine available throughout the United States. A "super lab" is defined as a laboratory capable of producing 10 pounds or more of methamphetamine within a production cycle.

The supply of methamphetamine in the United States is supplemented by "small toxic laboratories" (STLs), which are generally not affiliated with major drug trafficking organizations. Using recipes that can be found on the Internet and ingredients commonly available at retail outlets, these STLs create an environmental danger not associated with most other drug threats.

Precise breakdowns are not available, but current drug and lab seizure data suggests that roughly two-thirds of the methamphetamine used in the United States comes from larger labs, increasingly in Mexico, and that approximately one-third of the methamphetamine consumed in this country comes from the small, toxic laboratories.

Mexican criminal organizations control most mid-level and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions of the United States, as well as much of the distribution in the Great Lakes and Southeast regions

Asian methamphetamine distributors (Filipino, Japanese, Korean, Thai, and Vietnamese) are also active in the Pacific region, although Mexican criminal groups trafficking in "ice methamphetamine" have supplanted Asian criminal groups as the dominant distributors of this drug type in Hawaii. Outlaw Motorcycle Gangs, or OMGs, distribute methamphetamine throughout the country, and reporting indicates that they are particularly prevalent in many areas of the Great Lakes region, New England and New York/New Jersey regions. Some of these OMGs are supplied by the major Mexican organizations.

The rapid spread of methamphetamine throughout the United States is due in part to the proliferation of STLs, which are found in rural areas, tribal and federal lands, big cities, and suburbs. The amount of methamphetamine actually produced by these STLs is relatively small, but their impact on local communities is enormous. The drug's impact does not stop with those who abuse methamphetamine. It victimizes innocent people through the many methamphetamine-related crimes that occur by those under the influence of this drug and also the offenses committed by those intent on finding ways to fund the purchase or manufacture of this poison. Children are often victims of this drug, as is the environment. Governmental entities on all levels are impacted by this drug and are strained by the responsibility of combating STLs.

Ohio Threat Assessment

Though methamphetamine is clearly a growing threat to the people of Ohio, currently, the greatest drug threat in Ohio is cocaine, in both the powdered form (cocaine HCL) and "crack" cocaine form. Cocaine is generally brought to Ohio in powder form and is either sold in that form or is made into "crack" cocaine by the drug trafficking organizations which then distribute it in retail quantities. The most violent crimes in Ohio are attributed to the distribution and abuse of cocaine and "crack" cocaine. Additionally, local law enforcement agencies throughout Ohio most frequently identify cocaine, either powdered or "crack", as the drug that most contributes to property crime in their respective areas.

Methamphetamine manufacturing and use are increasing throughout the state. For CY 2002, the State of Ohio reported a total of 97 methamphetamine-related incidents to the El Paso Intelligence Center (EPIC). These incidents included the seizure of laboratories, dumpsites, chemicals, glassware, and equipment. The number of methamphetamine-related incidents in Ohio increased to 131 for CY 2003, and in CY 2004, 286 methamphetamine-related incidents were reported to EPIC. Ohio's 286 methamphetamine-related incidents included 162 laboratories. Of those labs, 105 had a reported production capacity of less than two ounces of methamphetamine. In 2004, over 25 percent of the State's methamphetamine lab seizures reported to EPIC occurred in Summit County, Ohio (Akron, OH area – 43 labs seized).

Arrest data shows us that the predominant manufacturers and users of methamphetamine in Ohio are Caucasian males and females. Local independent criminal groups, OMGs and, to a lesser extent, Mexican criminal groups are primarily responsible for shipping methamphetamine into and distributing it throughout the state, predominantly through mail and package delivery services. In addition to methamphetamine produced locally in STLs, the Cleveland and Columbus areas are also destinations for methamphetamine produced by Mexican drug trafficking organizations operating along the Southwest Border or in Mexico. Methamphetamine distribution has also increased at "Raves" and on college campuses in Ohio.

Methamphetamine lab-related seizures in the State of Ohio, as reported to the El Paso Intelligence Center (National Clandestine Laboratory Seizure System – as of August 2, 2005) for CY 2002 through CY 2004 are listed below. While reporting is getting better, it should be noted that reporting is not mandatory. Consequently, some state and local law enforcement agencies do not report their clandestine laboratory numbers to EPIC. It is precisely due to such reporting issues, that the numbers provided below may under-represent the total number of labs in Ohio, with the greatest disparity occurring in earlier years (ie, CY 2002).

	Chem/Glass/Equip	Dumpsites	Labs	Total
CY 2002	26	9	62	97
CY 2003	43	8	80	131
CY 2004	88	36	162	286

Battling Methamphetamine – Labs and Precursor Chemicals

As a result of our efforts and those of our law enforcement partners in the U.S. and Canada, we have seen a dramatic decline in methamphetamine "super labs" in the U.S. In 2004, 55 "super labs" were seized in the United States, the majority of which were in California. This is a dramatic decrease from the 246 "super labs" seized in 2001. This decrease in "super labs" is largely a result of enforcement successes against suppliers of bulk shipments of precursor chemicals, notably ephedrine and pseudoephedrine. Law enforcement has also seen a huge reduction in the amount of pseudoephedrine, ephedrine, and other precursor chemicals seized at the Canadian border. But with the drop in "super lab" activity in the United States, however, we have also seen an increase of "super lab" activity in Mexico.

DEA has been working to ensure that only legitimate businesses with adequate chemical controls are licensed to handle bulk pseudoephedrine and ephedrine in the United States. In the past seven years, more than 2,000 chemical registrants have been denied, surrendered, or withdrawn their registrations or applications as a result of DEA investigations. Between 2001 and 2004, DEA Diversion Investigators physically inspected more than half of the 3,000 chemical registrants at their places of business. We investigated the adequacy of their security safeguards to prevent the diversion of chemicals to the illicit market, and audited their recordkeeping to ensure compliance with federal regulations.

The DEA is also working with our global partners to target international methamphetamine traffickers and to increase chemical control efforts abroad. The DEA has worked hand in hand with its law enforcement counterparts in Canada, Hong Kong and Mexico, and regulatory authorities to identify and investigate attempts to divert pseudoephedrine.

DEA's Efforts in Ohio

The DEA offices located in Ohio are part of the Detroit Field Division, which also includes the states of Michigan and Kentucky. The DEA's six Ohio offices are located in the following cities: Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown.

The DEA's enforcement efforts in Ohio are led by DEA Special Agents and Task Force Officers from state and local agencies, who are assigned to DEA offices. The Task Force Officers are deputized by DEA and have the same authority as DEA Special Agents. Currently in Ohio, we have over 60 deputized state and local officers working alongside our Agents, Diversion Investigators and Intelligence Research Specialists. Working in a task force setting brings together the expertise of the individual investigators and agencies and serves as a force multiplier, by which law enforcement can better attack the drug threats facing Ohio.

The DEA focuses its overall enforcement operations on the large regional, national and international drug trafficking organizations responsible for the majority of the drug supply in the United States. Within the State of Ohio, we implement the same approach by focusing our investigative resources and efforts on the largest trafficking organizations operating within the

respective areas of responsibility of our six DEA offices. The DEA's enforcement efforts and those of our state and local counterparts have resulted in numerous successful investigations in Ohio.

Our methamphetamine investigations have involved various levels of traffickers and lab operators, including local traffickers and "cooks", gang members, and sources of supply from the West Coast and Southwest border. Laboratory analysis of methamphetamine exhibits acquired in investigations initiated by the DEA in Ohio, have documented purities ranging up to 100 percent. From FY 2002 through the third quarter of FY 2005 (June 30, 2005), the DEA's offices in Ohio have made in excess of 300 methamphetamine-related arrests.

DEA's Clandestine Laboratory Training

In response to the spread of labs across the country, more and more state and local law enforcement officers require training to investigate and safely dismantle these labs. Since 1998, the DEA has offered a robust training program for our state and local partners. The DEA, through our Office of Training, provides basic and advanced clandestine laboratory safety training for state and local law enforcement officers and Special Agents at the DEA Clandestine Laboratory Training Facility. Instruction includes the Basic Clandestine Laboratory Certification School, the Advanced Site Safety School, and the Clandestine Laboratory Tactical School. Each course exceeds Occupational Safety Health Administration (OSHA)-mandated minimum safety requirements and is provided at no cost to qualified state and local law enforcement officers. As part of this training, approximately $2,200 worth of personal protective equipment is issued to each student, allowing them to safely investigate these clandestine labs and work in this hazardous environment.

The DEA has trained more than 8,600 State and local law enforcement personnel (plus 1,900 DEA employees), since 1998, to conduct investigations and dismantle seized methamphetamine labs and protect the public from methamphetamine lab toxic waste. Since FY 2002, the DEA has provided clandestine laboratory training to over 100 officers from Ohio.

The Office of Training also provides clandestine laboratory awareness and "train the trainer" programs that can be tailored for a specific agency's needs, with classes ranging in length from one to eight hours. An example of the clandestine laboratory awareness training occurred in early 2003, when the DEA's Youngstown Resident Office provided training to police and fire personnel from 11 agencies in the Youngstown area. This training has been conducted throughout the Detroit Field Division and has been provided to over 4,000 police and fire personnel. Additionally, we provide in-service training and seminars for law enforcement groups, such as the Clandestine Laboratory Investigator's Association and the International Association of Chief's of Police, and have provided training to our counterparts in other countries regarding precursor chemical control, investigation and prosecution. This DEA training is pivotal to ensuring safe and efficient cleanup of methamphetamine lab hazardous waste.

Hazardous Waste Cleanup

When a federal, state or local agency seizes a clandestine methamphetamine laboratory, Environmental Protection Agency regulations require that the agency ensure that all hazardous waste materials are safely removed from the site. In 1990, the DEA established a Hazardous Waste Cleanup Program to address environmental concerns from the seizure of clandestine drug

laboratories. This program promotes the safety of law enforcement personnel and the public by using qualified companies with specialized training and equipment to remove hazardous waste. Private contractors provide hazardous waste removal and disposal services to the DEA, as well as to state and local law enforcement agencies.

The DEA's hazardous waste program, with the assistance of grants to state and local law enforcement, supports and funds the cleanup of a majority of the laboratories seized in the United States. In FY 2004, the DEA administered over 10,000 state and local clandestine laboratory cleanups at a cost of approximately $17.8 million. In Ohio, from FY 2002 through FY 2004, the DEA administered 556 lab cleanups, at a total cost of $1,145, 600.00. As of the end of the third quarter of FY-2005 (June 30, 2005), the DEA had administered 331 cleanups in Ohio, at a cost of $655,200.00.

Victim Witness Assistance Program

More than any other controlled substance, methamphetamine trafficking endangers children through exposure to drug abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosions. In response to these tragic phenomena, the DEA has enhanced its Victim Witness Program to identify, refer, and report these incidents to the proper state agencies. Each of the DEA's Field Divisions has a Victim/Witness Coordinator to ensure that all endangered children are identified and that the child's immediate safety is addressed at the scene by appropriate child welfare and health care service providers. Assistance has also been provided to vulnerable adults, individuals of domestic violence, and to customers and employees of businesses such as hotels and motels where methamphetamine has been produced or seized.

Conclusion

The DEA, both nationally and in Ohio, is keenly aware that we must continue our fight against methamphetamine and stop the spread of this drug. Law enforcement has experienced some success in this fight, as is evidenced by the significant decrease in the number of "super labs" seized in this country and the huge reduction in pseudoephedrine seized at the Canadian border. To continue to combat this epidemic, we are fighting methamphetamine on multiple fronts. Our enforcement efforts are focused on both the large-scale methamphetamine trafficking organizations distributing this drug, as well as those who are involved in providing the precursor chemicals necessary to manufacture this poison.

The DEA in Ohio has seen an increase in the manufacturing and use of methamphetamine and we are working closely with our state and local law partners to combat the threat presented by this drug, as well as the spread of small toxic labs. To more effectively and safely investigate and dismantle these labs, our Office of Training has provided clandestine laboratory training to many of our state and local partners. Additionally, through our hazardous waste program, since FY 2002, the DEA has administered nearly 900 cleanups in Ohio. As an agency, the DEA also has expanded our Victim Witness efforts to provide assistance to methamphetamine's victims.

Thank you for your recognition of this important issue and the opportunity to testify here today. I will be happy to answer any questions you may have.

Mr. SOUDER. For our witnesses who may not be familiar, we have a 5-minute rule. You have probably all heard that in preparation for your testimony. I grew up in a small town outside of Fort Wayne, surrounded by Amish, and I always joke about we have the longest yellow lights in the United States in those communities, so they can slip through the yellow in their buggies.

So I will have a long yellow light here today and give a little more flexibility in the testimony. But so we can get to questions, and so on, with three Members, if you can follow close to the time.

Mr. Sommer.

STATEMENT OF JOHN SOMMER

Mr. SOMMER. Yes. Good morning Chairman Souder and distinguished members of this committee. My name is John Sommer. I am the Director of the High Intensity Drug Trafficking Program for the State of Ohio.

I first would like to thank you and commend you, the committee members, for seeking the facts in this very urgent matter.

The HIDTA program was established in June 1999, originally with five counties in the northern part of the State. October 2004 we established six more authorized counties in the south central part of the State. As most of you know, the HIDTA program is very unique. It is not just a channel for Federal funding, but it promotes a partnership, and it is a partnership that I have never seen before, a most unique program in my 35 years in law enforcement.

This partnership is needed now more than ever to fight this battle in the State of Ohio. The HIDTA program does foster this relationship. It shares information. It does threat assessments. We have an Analytical Support Center up in Brooklyn Heights, OH. We provide strategic, operational, and tactical support throughout the State.

The program, as you know, is threat-driven with regard to the training we provide, and also the task forces that we have, which are 13 Statewide. As I speak, there are 378 law enforcement officers that are part of the HIDTA program in the State of Ohio, representing 97 law enforcement agencies throughout.

We have the typical executive board, which has a complete balance between Federal, State, and local law enforcement officials and executives on this board. Each year, this HIDTA, like all the other HIDTAs, does a thorough threat assessment, before we take the moneys that are given to us by Congress and spend them accordingly. And this is an act of stewardship on our part, and we also want to keep track of how the money is spent and that it is going to the most urgent areas of this battle in drug trafficking.

Mostly in the State of Ohio, within the innercities, we have the biggest problem of cocaine and crack cocaine and heroin. However, the growth in methamphetamine has taken a very active role, and it is actually growing at an unbelievable rate of speed.

When I came on board in the year 2000, there were 29 labs in the State of Ohio, and some of this included dump sites in those numbers. And there is 315 counted in 2004. And as of August 8 of this year, or rather August 18, there is 206 meth labs and meth-related sites found in the State of Ohio. We are way ahead of last year.

We have to remember with regard to the threat assessment, the State of Ohio is an agricultural State. There are lots of farms. And with those farms, there are a lot of cornfields, and we have a lot of available anhydrous ammonia, which is used in one of the most popular methods of making methamphetamine.

Because of that, what we call the "Mom and Pop labs," and this was referred to earlier, have been popping up, not only stealing this chemical but also using the other precursor chemicals such as pseudoephedrine, and ephedrine-based cold medicine. So there is a lot of availability here in the State, like much of the country.

These investigations are very different than the other type of investigations, and it is unlike sometimes a long-term investigation where you have a wire tap and it might take 18 months to get through. These investigations, when we find a lab, it is an emergency. We must respond immediately.

There might be children exposed to these chemicals. There are all types of problems with the dump sites, what goes to the economy of this entire country. The whole concept here is much different than—and basically it is in a category of its own with regard to the trail of destruction.

Also, there are no forfeitures in this type of investigation like you do—like you may find in other types of long-term investigations. There are no fancy vehicles and cars and homes to take. What you end up with is a pile of rubbish. And you have a dump site there.

It might be rented property, it might be an apartment, it might be something that—it might be a park system. The cleanup is also extremely expensive and dangerous. Last year alone in Summit County there were six police officers who had to be hospitalized for inhaling the toxic fumes.

Bulk transfer of methamphetamine worsening in the State of Ohio—and, of course, with that most of it is coming from Mexico or the southwestern portions of the State. Ohio is—even though it is only—it is 35th in the size geographically in this country. It is fourth in the interstate system, highway system, and handles a third amount of truck traffic through this State. Why? It is because we are a trans-shipment area, partly—halfway between Chicago and New York. There is a lot coming through here, which makes it readily available or usable for bringing in all types of narcotics and dangerous drugs, to include methamphetamine.

There is a model that I want to—I referred to previously, and that is what is going on up in Summit County. Summit County, the last couple of years, has had a third of the clan labs discovered. A recent newspaper article mentioned that they were the meth capital of Ohio, with kind of a negative overtone to it.

I would actually say they are the meth response capital of Ohio. That is because they have a very aggressive program, a good training program, a community awareness program. And also, we do support—the HIDTA program does support their task force. They have a very aggressive task force.

Even though they have seen a 210 increase in meth labs over the last year, they are doing a great job doing it. There has been explosive devices found. There has been booby traps found. Again, very dangerous situation.

There is also some imported meth coming through there. One of the largest organizations they took down was handling up to 200 pounds of crystal meth. Again, dangerous situation, automatic weapons, people tweaking out at these sites, and the dangers to the children involved and the citizens, unexpectedly these things happening in rooms next to them, in hotel rooms, motel rooms. It goes on and on.

Hilton Baker is the Southern County drug task force unit chief up there, and he indicated—this was unsolicited, but he said with the overwhelming support of the HIDTA program that they feel that the Akron/Summit county HIDTA initiative has become the most successful and productive initiatives in the Nation. And he also indicated that without the HIDTA funding they would be doomed, so, obviously, they do not want to go back to the 1990's.

What the HIDTA response has been—and I know I am going on longer than I should, but the HIDTA response has been very aggressive based on the limited funding we have. This last year alone at an average of $2,000 per ounce on the street level, the HIDTA initiatives have conservatively taken off $700,000 worth of raw methamphetamine, and that is in 2004.

We have had awareness programs, not only speaking to community organizations but to realtors, citizens groups, prosecutors, children's services. We are trying to push the envelope as far as we can on limited funding and what we do as a HIDTA. We have also been involved with the media.

We have had I wouldn't say a media campaign, but we have done the best we could to advise the media of the urgencies of what is going on. We talked to them freely and openly, so that they would spread the word of how dangerous this epidemic is in the State of Ohio.

The HIDTA program is very aggressive on the training front. Again, we are threat-driven. We have put training out there that we believe the police officers need to be ahead of the curve. Since 2001, we have had a lot of training. We have trained over 1,000 officers this last year; 202 officers were trained specifically with regard to the clandestine lab training.

We have coupled with DCI&I, which is the State law enforcement agency that is probably tasked with most of the investigations, giving them a 40-hour methamphetamine clandestine laboratory certification school. We are doing that next month.

In 2006, we have two workshops, and we have two classes scheduled for now. We will increase that, if we can, based on budgeting.

I am wrapping up, and what I want to say is in the State of Ohio we have had some legislation, and I have some recommendations. In March 2005, legislators in Ohio introduced a bill restricting the amount of ephedrine-based cold medicine.

And, basically, I believe it is not strong enough. I personally would like to see a Schedule V, like Oklahoma, be a little bit stronger, keep that behind the counter, have some accountability on not only the amount of purchases but also make it a Schedule V.

Also, in the State of Ohio, we have had—on April 15, 2005, H.B. 536 bill, which makes the theft of anhydrous ammonia a third-degree felony, regardless of the value. I think that is a really good

start. I think that this committee, through their leadership and some of the things I have heard, could even take some of that information and maybe even push it to the point where they would recommend putting chemical additives in the anhydrous ammonia, rendering it unusable in the use of methamphetamine.

There is a lot that could be done. Greene County is an example, which is just up the way here. Earlier this year, one of the clan lab operators was attempting to steal this chemical, very dangerous chemical, and the sheriff deputies came across him. He pulled a gun. They ordered him to drop the gun. They had to kill this individual.

That is how desperate the people are in stealing the anhydrous ammonia, not to mention when they leave the pipe, they leave the tube. It is open for the farmer to come up and the material is leaking. And, of course, they put them in these tanks which are not suitable for transportation. The tanks blow. It just goes on and on, the dangers of this epidemic.

I would just like to stress more than ever, as the Director of the HIDTA, and speaking on behalf of the HIDTA and all of the law enforcement officers and agents that are involved in this wonderful program, and which I appreciate your support on, is that for this trail of destruction that we are seeing, to get a grip on it, to get a handle on it, we have to continue the Federal funding into this, not only to respond to these sites but to train, equip, help prevent, bring on more public awareness through the program.

Hopefully, through ONDCP, there will be some more commercials, and not marijuana commercials so much but more commercials that really hit the public where they need to hear it. And also, treatment should not be lost in this battle. We have to remember the treatment side of it, although you are hearing from the law enforcement side of it today. We need treatment, we need prevention, and, of course, the law enforcement side of that stool is extremely important.

I brought with me my Deputy Director, Pete Tobin, who is sitting behind me. He is a Deputy Director for the HIDTA in the State of Ohio. He has 35 years of State and local law enforcement experience. I bring approximately 35 years of Federal experience.

And Mr. Tobin and I have talked about this at length, and he, too, obviously recommends what I am recommending. And then, the programs that he brings to light are the COPS program that we don't want to see any cutting in that. The DEA Superfund—DEA has been great. They have had to contract out the cleanups, but yet they are understaffed. They can't be running around responding immediately to all of these sites that we uncover. So a lot of this goes to the local law enforcement effort.

Proposed cuts in the JAG program, obviously, I thank the committee, again commend the committee, for restoring this type of funding, or attempting to restore it under the current administration. And I just want to say that the HIDTA program has done a lot, but we could do a lot more.

And we believe that the funding is the lifeblood, but not to be lost in the funding is the cooperation. The multi-agency cooperation that we are getting, and we are operating on a level playing field,

and that is what I would like to continue with. And I thank you very much for listening.

[The prepared statement of Mr. Sommer follows:]

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

Testimony of John Sommer
Director, Ohio High Intensity Drug Trafficking Area (HIDTA)

August 23, 2005

Chairman Souder, and distinguished members of this committee, my name is John Sommer, and I have been the director of the Ohio HIDTA since January 1, 2000. I first would like to thank the committee for its attention to exploring potential ways the federal government can partner with state and local law enforcement agencies in combating the rise of methamphetamine abuse and trafficking in this region. Additionally, I wish to thank you for this opportunity for input from the Ohio HIDTA Program. The Ohio HIDTA Program began June 15, 1999 with the authorization for funding of five counties, including Cuyahoga, Lucas, Mahoning, Summit and Stark. On October 1, 2004, six additional counties were authorized and subsequently added: Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren. The Ohio HIDTA Executive Board consists of the ATF, DEA, FBI, ICE, IRS, United States Attorney's Office, United States Marshal's Service, United States Secret Service, Akron Police Department, Ohio Bureau of Criminal Identification and Investigation (BCI&I), Canton Police Department, Cleveland Police Department, Cuyahoga County Sheriff's Office, Shaker Heights Police Department, Toledo Police Department, Youngstown Police Department, and Warren County Sheriff's Office. Also serving in the ex-officio capacity is the Ohio National Guard (Counter Drug Program).

The Ohio HIDTA fosters a partnership between law enforcement agencies, thereby increasing their cooperative effort within the region and with other HIDTAs. At last count, the Ohio HIDTA has the participation of 378 task force officers and support staff representing 97 law enforcement agencies statewide. We emphasize information-sharing, case support, deconfliction practices, and training throughout the Ohio HIDTA region to protect our officers and citizens from the dangers of illicit drugs and associated crimes of violence.

National Coordination Efforts

Nationally the HIDTA program, in its ability to coordinate and communicate with federal, state and local law enforcement officials, is in a unique position. The collection of multi-agency leaders participating on individual HIDTA boards, individual task force boards and/or oversight committees allows for current information and trends to be shared on the growing concerns and dangers of methamphetamine production, distribution and use. The HIDTA program supports the National Methamphetamine Chemicals Initiative (NMCI). The work of the NMCI includes the coordination of law enforcement efforts, intelligence sharing, and training with regard to chemicals used in the manufacture of methamphetamine. NMCI is also playing a key role in developing and institutionalizing the National Clandestine Laboratory Seizure System (NCLSS). Nationally, the latest survey indicates there are 211 HIDTA task forces across the nation with 5,321 officers representing 34 states and territories who, in addition to other duties, are substantially involved in enforcement efforts regarding the distribution and/or manufacturing of methamphetamine.

Methamphetamine Threat

As with all other HIDTAs, the Ohio HIDTA must continuously update the current drug threat and trend analysis to adjust the enforcement strategy of all of our thirteen multi-agency drug enforcement task forces. Although the worst problems in most of Ohio's major cities continue to be associated with cocaine, crack cocaine, heroin and marijuana, the current meth epidemic is creating a much greater path of destruction statewide in a shorter period of time. As indicated in the 2005 Threat Assessment, methamphetamine abuse, availability and production are increasing in the Ohio HIDTA region. According to EPIC, the number of methamphetamine-related seizures in Ohio, including laboratories, dumpsites and chemical/glass/equipment, has drastically increased from 29 in 2000 to 315 in 2004. As of August 18, 216 methamphetamine-related seizures have already been conducted this year. Local Caucasian independent distributors are the

primary source of production, distribution and abuse of methamphetamine. These labs are referred to as "mom and pop" operations. The hazardous waste clean up from these labs has been handled with DEA-funded hazardous waste companies. There is no local funding available specifically for handling hazardous waste. The DEA and state of Ohio spent $680,447 in clean-up costs in 2004 as compared to $362,000 the previous year.

The net effect of this new epidemic has resulted in serious consequences for Ohio law enforcement. Many local narcotics task forces around the state, already taxed with investigations of cocaine, heroin and marijuana traffickers, are now overwhelmed by this new epidemic. The cost in man-hours is astronomical and the work is doubly dangerous; the officers are dealing with dangerous criminals and dangerous chemicals. At the end of the day there are no forfeitures to reinvest in their task forces, just a costly hazardous waste site to clean up. For every pound of meth produced five to six pounds of toxic waste are produced. A tragic result of this epidemic has been an increase in child abuse and neglect as well as an increase in domestic violence. Children have often been damaged by exposure to the dangerous chemicals in the toxic "mom and pop" labs.

Ohio is experiencing an alarming trend with regard to bulk methamphetamine, which is being shipped into this area from the southwestern United States. Super labs, either in Mexico or in the southwest border states, are responsible for this bulk product. It should be noted that although ranked 35th in the nation by geographic size, Ohio has the fourth largest interstate network that carries the third largest amount of truck traffic. Geographically, Ohio lies midway between Chicago and New York City, making it a national cross roads for the distribution of manufacturing goods, automotive production, agricultural commodities and interstate trade. This commercial distribution network naturally facilitates the transportation and distribution of illegal drugs such as methamphetamine.

Although the entire state is affected by this serious health and safety threat, I would like to discuss Summit County, which has been hardest hit by this epidemic.

Enforcement Response-
Summit County

Over one-third of all clan labs in the state have been uncovered in Summit County. Rather than characterizing this county as the "Meth Capital of Ohio," it would be more accurately characterized as the "Meth Response Capital of Ohio." Within the Ohio HIDTA region, this northeastern county has been hit the hardest with 186 meth sites including laboratories, chemical caches, and dumpsites uncovered between 2001 and 2004. The Akron/Summit County HIDTA Initiative addressing meth labs in Summit County has observed a 210% increase in meth site seizures in 2004. This initiative has also encountered several homemade explosive devices at meth lab sites, adding further danger to an already potential lethal situation. In one instance, the device consisted of a black powder filled container connected to a phone cord. Explosive ordinance experts determined that this explosive device could have been detonated remotely by telephone. Fortunately for the responding officers, the lab operator was not able to make the call. Meth use and production encompasses approximately 19% of all Summit County Drug Unit arrests. In 2004 the Summit County Drug Unit and the Greater Akron Drug Task Force shut down 102 clan labs. As of August 12, 2005, this same initiative is already significantly ahead of last year's total with 86 clan labs dismantled, and nearly half of the year remaining.

Not only are the "mom and pop" labs being aggressively pursued, a recent case revealed a local drug-trafficking organization distributing pound to multi-pound quantities of Mexican organized

crime manufactured crystal meth. Conservative estimates indicate that this organization imported and distributed more than 200 pounds of crystal meth. The increased pattern of manufacture and distribution, as well as product coming from outside sources, is supported in the 2004 Ohio Substance Abuse Monitoring Network (OSAM). Some crystal meth from Mexican-controlled labs has been shown to be 98% in purity when analyzed. Response team members have found numerous weapons to include AK-47's, semi-automatic handguns, and an M-16. A Summit County investigation resulted in more than two pounds of meth being seized from a Hell's Angels' stash house in a small suburban township.

A rising number of low to mid-level clan labs are supplying local abusers. These labs are typically producing one to three ounces of methamphetamine per "cook." The production sites have left behind hazardous waste contamination. These labs have been found in hotels, motels and rental properties, as well as at the roadside or in parks. Recently, one park had to be closed due to contamination. These systems are known as "box labs," and are transported via personal and commercial vehicles throughout the county. These labs pose obvious threats to citizens and safety personnel. This year, six police officers had to receive medical treatment after inhaling toxic fumes when a man was arrested and charged with operating a methamphetamine laboratory in a mobile home. Last year, nine explosions/fires occurred in Summit County as a direct result of meth production. The average cost of a small clean up is $2,000. However when one considers the cost in man hours for police, fire, EMT, and social services personnel and the costs for medical treatment for uninsured meth addicts and their affected family members, the impact on our communities is staggering.

Captain Hylton Baker, who commands the Summit County Drug Unit, made the following comments:

"With the overwhelming support of the Ohio HIDTA since its inception in 2001, I feel that the Akron/Summit County HIDTA Initiative has become one of the most successful and productive initiatives in the nation. I believe that if we lose our HIDTA support, we are doomed. With our level of drug traffickers and our high numbers of methamphetamine labs, we cannot afford to go back where we were in the 1990's."

Ohio HIDTA's Response

At a local selling price of $2,000 per ounce on the streets, Ohio HIDTA initiatives conservatively stopped the production of over $700,000 worth of raw methamphetamine in 2004. The Ohio HIDTA, with its limited resources, targets the distribution and manufacturing of methamphetamine in a comprehensive, coordinated and multi-faceted approach. In addition, the Ohio HIDTA helps in supporting methamphetamine awareness programs. These programs provide awareness to law enforcement and safety forces, including police agencies, fire departments, parole and probation officers, prosecutors and children's services agents, as well as citizen's groups including realtors, community organizations and watch groups, health department and medical officials, municipal service providers, and school students. Since January of 2004, nearly sixty awareness presentations have been provided throughout Summit County alone.

The Ohio HIDTA continues to develop and maintain a working relationship with members of the media. This not only promotes a trust, but, because we are willing to work with them and share information, that information is provided to the public which increases both public awareness and involvement.

Training

The Ohio HIDTA has an aggressive threat-driven training program. Since 2001, the Ohio HIDTA has provided clandestine/methamphetamine lab training to 202 federal, state, and local law enforcement officers, representing 3,048 hours of training. This fall the Ohio HIDTA, in conjunction with the Ohio BCI&I, will be conducting a 40 hour methamphetamine clandestine laboratory certification school for 45 Ohio law enforcement officers. Tentatively scheduled for 2006 are two workshops and two classes in the same subject area.

Legislation

In March 2005, several Ohio legislators introduced a bill restricting the amount of ephedrine-based cold medication that can be sold for each retail purchase. In addition, pharmacies are required to keep these types of medications behind the counter and are prohibited from selling these medications to minors. Effective April 15, 2005, HB 536 makes the theft of anhydrous ammonia a third degree felony regardless of the value of the stolen amount.

Recommendations

Supply reduction efforts must focus on limiting the access to precursor chemicals used in methamphetamine production. Specifically, these efforts create partnerships, either through state or federal legislation, to limit or control purchases of ephedrine or pseudoephedrine and keep these medications behind the counter as a Schedule V controlled substance. In addition, having stricter control over anhydrous ammonia is necessary. This summer there was a chilling example of how desperate a meth lab operator can become. In Greene County, Ohio, a meth lab operator was caught in the act of stealing anhydrous ammonia. When ordered several times by sheriff's deputies to surrender, the man continued to point a gun at the deputies and was finally shot to death. The further development of chemical additives to anhydrous ammonia that would render it unusable in the production of meth is strongly recommended.

Most importantly, continuous federal funding is needed in Ohio to address the "trail of destruction" resulting from this growing epidemic. Continued federal funding is necessary not only to respond to meth sites, but also for additional training, equipment, prevention, and public awareness.

At this time, I would like to have my Deputy Director, Pete Tobin, address this committee and outline our strong recommendations. For ten years he headed the Narcotics Division of the Ohio Bureau of Criminal Identification and Investigation (BCI&I) before coming to the Ohio HIDTA in January of this year. While with BCI&I he played a major role in preparing local law enforcement for the ensuing meth epidemic we are dealing with today.

[The prepared statement of Mr. Tobin follows:]

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Testimony of Peter Tobin
Deputy Director, Ohio High Intensity Drug Trafficking Area (HIDTA)

August 23, 2005

Chairman Souder and distinguished members of this committee, all of us in law enforcement are grateful to you for taking the time to allow us to address the committee about drug law enforcement and, specifically, our methamphetamine epidemic here in Ohio.

Before proceeding with my recommendations, I would like to emphasize that the Ohio Bureau of Criminal Identification and Investigation (BCI&I) is the lead state agency in addressing the meth lab problem in Ohio. This is a relatively small agency with less than 30 narcotic agents for the entire state. BCI&I has put on four 40-hour Clandestine Methamphetamine Laboratory Certification Schools for local law enforcement officers and issued all of the safety equipment to each student. BCI&I also provides the mandatory annual recertification training around the state.

I must mention that in the early years of our methamphetamine problem in Ohio, the Drug Enforcement Administration provided many BCI&I Special Agents and local task force officers with expert training and expensive safety equipment that enabled state and local officers to take down meth labs around the state.

The Ohio HIDTA does fill a gap and provides much needed training in the above subject matter and is greatly adding to state and federal efforts.

RECOMMENDATIONS REGARDING THE FEDERAL FUNDING FOR THE OHIO METHAMPHETAMINE EPIDEMIC

Byrne Justice Assistance Grant (JAG)

State and local law enforcement has been left to deal with the problem since DEA does not have the manpower to cope with the problem. HIDTA funded and Byrne/JAG funded task forces have been handling the vast majority of these small labs. As the problem worsens, state and local resources are being taxed beyond their limits. The Byrne/JAG funding is the lifeblood of local drug task forces in Ohio. The cuts in Byrne/JAG funding will cause some of our local task forces to shut down altogether and the effectiveness of the remaining task forces will be greatly diminished. I would beg you to fully restore this funding. If and when we get the "mom and pop" meth labs under control, we will no doubt see an increase in bulk methamphetamine coming into Ohio from the southwest border. The work of the Ohio HIDTA initiatives will continue to include the dismantling of methamphetamine trafficking organizations as a top priority.

DEA Super Fund

Hazardous waste cleanup has been handled exclusively with DEA funded hazardous waste companies. There is no local funding available for handling hazardous waste. This federal funding must continue.

COPS Methamphetamine

The Ohio Bureau of Criminal Identification & Investigation (BCI&I) has educated hundreds of law enforcement officers, firefighters and social workers in clandestine methamphetamine lab awareness. This training continues to be critical to officer safety. Without federal funding, this training will decrease significantly.
Ohio BCI&I has trained and equipped approximately 200 local law enforcement officers to dismantle clan labs. The funding for training and equipping these officers has been almost

exclusively from COPS Methamphetamine grant money. Many communities throughout Ohio are in an economic crisis. Without federal funding, this equipment and training will no longer be available. It is imperative that the COPS Methamphetamine funding be continued.

HIGH INTENSITY DRUG TRAFFICKING AREA PROGRAM

The Ohio HIDTA has done a great deal to support local law enforcement in its battle against methamphetamine and if funding continues, our HIDTA can continue to do more. Proposed cuts in this program, less than a year after adding six new southern/central counties, is counter productive. One of the critical issues this committee must consider is whether the slashing of federal funding for drug law enforcement is beneficial to the country.

FEDERAL LEGISLATION

In terms of drug law legislation, the single most important step that the Congress could take would be to make pseudoephedrine a controlled substance and place all products containing pseudoephedrine behind the pharmacy counter. Those purchasing such products would be required to produce a driver's license or other official identification and sign a register. They would be limited to two or three boxes of such products at a time. Legislation in the State of Oklahoma enacted this kind of law two years ago and has reduced their number of "mom and pop" meth labs by 80%.

I cannot stress enough the importance of this legislation. Thank you for listening.

U.S. Attorney's Office
Northern District of Ohio
Response to Methamphetamine Epidemic

As part of the emerging national effort, federal and local law enforcement are fully engaged in combating the manufacturing and distribution of methamphetamine in the Northern District of Ohio.

The first significant methamphetamine indictment returned in this District was the recent March 16, 2005, indictment of 55 individuals for conspiring to distribute methamphetamine, and related counts, in northeast Ohio. The case is currently pending in federal District Court. The indictment was the result of more than two years of investigation conducted by DEA and the Akron/Summit County HIDTA Initiative, a HIDTA sponsored local drug task force. Using court authorized Title III wiretaps over the course of nine months, and nine separate telephone lines, investigators recorded more than 15,000 telephone conversations. The Ohio defendants obtained their methamphetamine from Scottsdale and Phoenix, Arizona, and Atlanta, Georgia. Using individual drug couriers and common carriers such as the United States Postal Service, FedEx, and Greyhound bus, the organization moved methamphetamine from Arizona and Georgia to Ohio. Several couriers and packages were intercepted due to information learned from the wiretaps. In total, law enforcement officers estimate that this organization was responsible for distributing more than 150 pounds of methamphetamine over the past eighteen months alone.

Additionally, DEA and the U.S. Attorney's Office, at the request of Thomas Sartini, Ashtabula County Prosecutor, agreed to assist Ashtabula County law enforcement with the prosecution of several "mom and pop" methamphetamine labs, cooks, and distributors. Subsequently, seven individuals were federally indicted, with five defendants receiving sentences ranging from 24 months to 108 months. Cases are currently pending against the remaining two defendants. However, most meth lab/distribution cases are still being prosecuted at the state level. It remains, nevertheless, the commitment of the United States Attorney, working in partnership with federal and local law enforcement, to aggressively pursue organized interstate methamphetamine networks (manufacturers and distributors) operating in the Northern District of Ohio.

U.S. Attorney's Office
Southern District Ohio
Response to Methamphetamine Epidemic

While most cases of meth production are prosecuted at the state level, the U.S. Attorney's Office in Southern Ohio has brought federal charges against larger meth producing organizations as well as organizations that traffic in the more potent imported meth.

Earlier this year, the ringleader of a meth production ring in south central Ohio was sentenced to almost 23 years in prison. He was the last of 25 people convicted in federal court to be sentenced. Dismantling that operation required the cooperation of more than 20 federal, state and local law enforcement agencies and task forces over a two year period.

Also this year, a Cincinnati-area man was sentenced to seven years in federal prison for running a mobile meth lab out of the back of his truck. He drove to customers in Kentucky, Indiana and Ohio – producing meth in the back of his truck as he traveled. He was caught while drinking and driving when he ran into a patrol officer. His truck, which was less than five years old, had more than 175,000 miles on it.

One of the more tragic, yet common, cases involving meth production included three family members who cooked meth in the rented house they lived in near Franklin, Ohio. A two-year old, who was also living there, was exposed to the toxic fumes and by-products of the meth cooking. The adults are serving ten years in federal prison, but the child will have to live with the physical and emotional scars the rest of her life.

The U.S. Attorney reports that increasing amounts of potent "imported" meth are coming into Ohio.

In March of this year, a New Mexico Highway Patrolman stopped a vehicle with Oklahoma plates. The vehicle was registered to a man in Columbus, Ohio. A search of his vehicle found 14 kilograms of cocaine and almost two pounds of 96-100% pure methamphetamine. In a controlled delivery, the drugs arrived at their final destination in Columbus. The three defendants were convicted in federal court and are awaiting sentencing.

In Cincinnati, four people were charged federally when they tried to sell five pounds of meth that they had brought from Phoenix to an undercover Cincinnati police officer. They were convicted and the top two people in the organization are now serving more than 11 years in federal prison.

A federal grand jury indicted 16 people in Reynoldsburg, Zanesville and Middletown, Ohio and two California members of the Dodge City Crips last month as part of a drug distribution network that included meth. This means meth has "gone urban." Meth is now one of the products that organized California-based gangs ship to small-town Ohio.

In 2001, the U.S. Attorney's Office in Southern Ohio had two meth cases. This year, so far, they've opened 10 cases involving meth coming into Ohio. Federal prosecutors see this as an indication that we will be seeing more of the "high-test" Mexican meth, in addition to the meth cooked locally.

ATTACHMENT-II

Mr. SOUDER. Mr. Oetjen, do you have DEA drug task forces in Ohio?

Mr. OETJEN. Yes. The Cincinnati office itself has 16 officers, along with 14 agents.

Mr. SOUDER. And how far up do they go?

Mr. OETJEN. We come all the way up here to Clinton County. It is actually 13 counties—Clinton, Butler, Hamilton, Clermont, Brown, Adams, Ross, Pike, Scioto, Jackson, and Lawrence. I think I got them all.

Mr. SOUDER. And in the Columbus office you also have DEA task forces in Toledo and——

Mr. OETJEN. There is five additional offices throughout the State of Ohio, and they all have task forces, yes, sir.

Mr. SOUDER. Where you have the DEA task forces, do those overlay with the two main HIDTA zones? In Indiana, for example, our HIDTA's, we have the DEA task office in Fort Wayne, HIDTA is over in Gary, you kind of—you don't usually find overlap. They bump, but wherever they have a DEA task force, that Congressman usually wasn't as aggressive in getting a HIDTA. Where they had a HIDTA, they haven't necessarily pushed for as much of a DEA office.

But that leads to this patchwork pattern that we are getting across the United States. And when you look at a State like the State of Ohio, how are you integrating so we can figure out, as meth starts to move in from, say, the Akron area, and this area starts to pop up, and another area, and then as it starts to move in on the cities, how are we integrating to look at a distribution plan as meth starts to move through a State?

Mr. OETJEN. In southern Ohio, we have just committed an agent to join the HIDTA initiative here in southern Ohio. And through the HIDTA intelligence center, the southern Ohio HIDTA will interact with the northern part of the State through the intelligence center. That is the key point to the component of HIDTA is the coordination and communication between all of the HIDTA initiatives and the local task forces.

And so, then, Ohio DEA incorporates mainly outlying counties, law enforcement officials, and not necessarily Cincinnati or Hamilton County Sheriff's Department. And that kind of keeps the finger on the pulse of what is going on in rural Ohio.

Do you agree that in Ohio 70 percent of the meth comes from the large organizations and 30 from the Mom and Pop, which is kind of the typical pattern? Does that seem to be here?

Mr. OETJEN. I have been here for 4 years, and I wouldn't have thought that until I actually saw it. And, yes, it is larger than—we have more meth coming in. In this region, we took off a superlab distributor who was importing pseudoephedrine from Canada into this area, and then distributing it back out to the West Coast to Mexican traffickers. It was approximately 3½ years that we worked on this, dismantling separate organizations. That is based on this one distribution that——

Mr. SOUDER. Was that part of the big operation in Detroit, or was it——

Mr. OETJEN. Yes. It is part of that. It was a nationwide SOD campaign. And as we identified this cell here, we were incorporated into that major investigation.

Mr. SOUDER. In that investigation that came out of Detroit, that took down—at one point we thought it was like—something like 40 percent of the total quantity of pseudoephedrine in the United States. Have you seen any shift in Ohio? Have we, in effect, cut some of that Canadian structure so much that it may shift? Or what do you anticipate?

Mr. OETJEN. Since that operation, I haven't seen the superlab activity that was here before. And to my recollection, I haven't seen any of the superlab meth. I have seen it—sorry, but I also cover Kentucky. But it has still been coming through the Kentucky route, but not here in southern Ohio.

Mr. SOUDER. Before I go to somebody else, let me ask you one other question. Part of the reason I keep pushing for a national plan and ask this question—in Minneapolis, the U.S. Attorney, or the State Narcotics Officer, I can't remember which one—when I asked, "Why hasn't this hit the cities as much?" and they said, "In the African-American community," as you stated here, "that the urban areas are more crack and cocaine, that the distribution networks, both Hispanic and African-American, are predominately hooked into the traditional cocaine market, to some degree heroin market, and often have Colombian and Mexican ties."

In one neighborhood, they switched over to meth, because they, in effect, cut out the Colombians. The Mexican stayed within the Mexicans. One black African-American group in one section of Minneapolis switched over, and all of a sudden 20 percent of their addiction in the city was meth.

Have you seen any signs, or are you watching for signs, of how—because these are a lot like trucking companies. They are a lot like just here is a Target and here is Wal-Mart. Part of the thing here is that if we are not watching these trends as to where the patterns are coming from, to the degree we are all successful in putting any pressure on Colombia, to the degree we are all putting any pressure on the border, which we are not in immediate danger of sealing our border.

But we do—the patterns are likely to change. And are we watching those kind of things? And do you have a setup to kind of track something like this, because we are seeing it? And do you even get information from other parts of the country where DEA is seeing this sudden flip-over of some of these distribution networks?

Mr. OETJEN. We absolutely get information from other parts of the country and through the SOD center, which is tracking the major trafficking routes. Sometimes we are aware that they are coming before they get there. Sometimes they are there, and we come upon them, and through the interaction with the SOD program in Washington they have identified the major routes.

In my 30 years of narcotic experience, and 22 with DEA, I have seen towns like Tuscaloosa, AL, change over in about a week's time. The crack epidemic went in and just took over, and that is how they do that. They will come in, and there is violence and a takeover.

And it is—you know, using your term, it is almost like a corporate takeover. They come and just squash the competition and spread this poison. Sometimes they give away the drugs in the beginning to get everybody hooked on it and set up the distribution points. And then, once it is there, they are entrenched, and it is hard to get rid of it.

Mr. SOUDER. Thanks. Mr. Cummings.

Mr. CUMMINGS. I just want to followup on what the chairman just asked. I wasn't even going to go down this road, but I couldn't help but think about in my district where I have actually seen this, seen in the middle of the day you are walking down—you are driving, and you see maybe 150 people literally lined up in a straight line to get samples of a drug.

And when you first see it, it just blows your mind. You just can't believe this is happening in the middle of the day in a busy area. And I was just thinking about what the chairman just asked you. I would imagine that—see, I think about meth coming into urban areas because it is cheap to produce.

And so if you have some people looking for a high, and they have an opportunity to get something that is cheap, and they can come in and do one of those sample things like what I just described, and somebody—they may not be used to the meth, but they say, "Well, gee, this is nice." The next thing you know, I think it does—you have a major problem.

And so you are saying that you wouldn't—that wouldn't surprise you, then?

Mr. OETJEN. No, it wouldn't.

Mr. CUMMINGS. What I want to talk about more than anything else is this blue line, and our police officers and what assistance that you all give them. I know both of you all talked about training. Do we—and you, Mr. Sommer, you talked about how you had—you wish you had more classes. I forget what it was in particular.

But are we—do we—when these local police—we have heard a lot of testimony about how police officers, when they have to go clean up this mess, or to be there, you may have a small group of—small law enforcement agency, and it basically just ties them up. One of my concerns is that when it ties them up, then there are other crimes they can't deal with. And the criminal mind is they—they are all into this.

They say, "OK. If they are tied up with meth, then we can go and do our little stuff, the robberies, whatever else, because the police are tied up dealing with this." And so I am just going to try and make sure that when the police come to you all for this training, are you able to provide them with the training that they are requesting? I mean, do we have a waiting list or something like that?

When it comes to cleanup, you are talking about cleanup, are we using Federal funds mostly for these cleanups? Because you have a law enforcement officer that has a law enforcement agency, I am talking about these small counties, that have a small budget. I mean, it sounds to me like if you get three or four of these cleanups, you have a major problem with your budget, and something has to give.

So I am just wondering, where are we with training? And where are we with cleanup?

Mr. OETJEN. Well, as far as DEA, we are constantly providing clandestine lab training and a train-the-trainer concept, where we can train the first responders, the police officers in uniform, what they are going to come up on, because a few years ago they didn't know. They had no knowledge.

In southern Ohio, the system is set up that, as far as the Federal funding, we provide COPS cleanup money for all the clan labs. We have had to tweak that system that—the 24-hour number, that when they come up on something, they call us, we give them an appropriation number, so to speak, and they have—and then, the company comes and cleans it up. That is all done with Federal dollars, and that is through the COPS program.

Mr. CUMMINGS. Have you had a sufficient amount of money to do that? In other words, I take it that—I mean, have you had situations where there was a need for a cleanup and you didn't have sufficient dollars to do it? I mean, it may have been the end of the fiscal year? I don't know.

Mr. OETJEN. The money is a pool——

Mr. CUMMINGS. Right. I understand.

Mr. OETJEN [continuing]. In Washington. So to this day, there has never been an instance where we have asked for money and we didn't get money for the cleanup.

Mr. CUMMINGS. Good.

Mr. OETJEN. Forgive me, I know we are not in Kentucky, but in Kentucky they do a container program, and they have reduced the funds all the way down to $300 per lab. And it is done by the unique cooperation between DEA, Kentucky State Police, the local sheriffs and agencies. If they find a lab, they are trained to seize that lab. They take that lab to a depot so to speak, and it sits there. So it costs just as much to clean up 10 labs in one location as it does to go out and do it 10 times. It is 10 times the cost. So it has reduced a lot of the cost of this cleanup.

Mr. SOMMER. I would just say that the local law enforcement element is hungry for the training. And when we started this up about 3 or 4 years ago with Ohio State Highway Patrol, just to tell them and show them what the precursors were, and what you might see in the back seat of a car is not what you think it is, or what it might be used for—empty boxes of pseudoephedrine or tanks that are starting to turn blue, ready to blow the tops on it, and glassware. So it has really, really helped us.

We could probably do training almost every week at least in this area. And there are different levels of training. There is the actual certification course, which when they come out they have their moon suits, and these are the people that are going to be doing the cleanups. And then there are some other basic courses, which are just basically the awareness courses and what to look for.

How this has changed in the last 2 or 3 years is that it is something that they have to respond to. And a lot of times, even if they are not assigned to do the cleanup, they still have to respond to it, they have to guard the sites. There is overtime costs that are involved that these small police departments may not have. This is where the HIDTAs do come in to help pay for that.

What it is, it is just an urgency matter. It is an emergency clean-up matter is what it is, so that has to go along and be done in tandem with the actual investigation. It is just a different type of beast is what I have seen in my years. I don't know if that answers your question.

Mr. CUMMINGS. Yes. I am just wondering, it sounds like you were saying that you think there should be some national standard.

Mr. SOMMER. Yes, I do.

Mr. CUMMINGS. OK.

Mr. SOMMER. I really do, and I——

Mr. CUMMINGS. You have heard arguments on the other side of that, right?

Mr. SOMMER. Not all of them, obviously.

Mr. CUMMINGS. Well, the main ones. Well, when we talk about like some of these products are easy to get over the counter——

Mr. SOMMER. Right.

Mr. CUMMINGS [continuing]. You have the Retailer Association coming in, and they talk about how it is going to kill their business, I mean it will hurt them. Some retailers are being—I think Chairman Souder in his opening statement said you might be in a position to where Target and Wal-Mart might be able to sell these things, but then a lot of your other businesses would have—it would be onerous.

And, you know, it is—and I think he and I, before we heard the testimony, we were pretty—we hadn't really considered all of that. But the testimony was quite—I mean, it left you saying, "Well, you know, you have a point here."

The problem is, though, when we look at methamphetamine and the damage that is done by these drugs, sometimes you have to use urgent and—urgent solutions and solutions that might be a burden to some of you in society to get to the problem, to deal with it, when you see the damage and you see what is happening to our children and you see all of the social services being tied up, and what have you.

And so I think we—I think what we need to try to do is find some kind of balance whereby—and I don't know what that balance is. I think we have been trying to struggle with that a bit, where you do make sure that certain products, people have to go through—if they are intent on using those products illegally, have some kind of barrier to them getting them, but at the same time have the free flow of commerce. and where that balance is we are still trying to figure out.

Mr. SOMMER. I think, too, that the—instead of each State doing their own thing——

Mr. CUMMINGS. Yes.

Mr. SOMMER [continuing]. I think you need uniformity, because if one State is very strict, like Oklahoma, and 80 percent of the labs are—Mom and Pop labs are—have diminished over the last year. Of course, they are going to get imported stuff.

But if one State is doing it, and the other State is not, then the State that is not doing it, then the stuff will be shipped over, or they will go over and they use the smurfing technique, obviously, because a lot of these meth operators, they are almost set up like co-ops. You get the chemicals, you get this kind, you get this kind.

So I think that we need uniformity and leadership on that end of it. And it is an emergency, and I think this is a tremendous wakeup call for this country.

And if some manufacturers are inconvenienced, my opinion as a law enforcement guy, so what? It is saving people's lives, and this kind of——

Mr. SOUDER. We had a very interesting debate between Kansas and Oklahoma when Oklahoma had just put in their law, because Kansas actually reduced the Mom and Pop shops more than Oklahoma with the Meth Watch program than Oklahoma did with the Pharmacy program. What it takes is a concerted effort of the local people to pay attention, and the law enforcement to work at it. And we need some kind of combination of these type of things.

But we are getting kind of a uniform, in my opinion, simplistic answer for law enforcement right now that it is just the pseudoephedrine control when other communities have done other things. It has to be part of it, whether it is blister packs, wholesale, over the counter, and hard.

But as I pointed out informally, this stuff is going to go to the Internet. And everybody in law enforcement knows it is tougher when it hits the Internet than when you are selling it at a local grocery store, because we can find them when they are coming in as a physical person. We can find them when they use cell phones. The tough problem here is, as we are finding with the Colombians and the Mexicans and everywhere else, is that when this stuff goes underground, it is gone.

And we have to make sure that in the short term, trying to get a quick fix, we aren't actually creating a bigger potential problem, and not to mention the fact that Dayton doesn't have a problem. How much do you restrict, because of the rural areas around it, the city of Dayton? It is a political problem.

I mean, I have been as aggressive as anybody in the Nation on this, and we brought the Oklahoma program in to help publicize it. But we have to, when we are looking at narcotics, get a step ahead and think a step ahead, not just what is the immediate fix, of which this may be the immediate fix.

By the way, now that so many States have moved, it is not clear we can get a national standard anymore, because usurping State law, because we would—the national law proposed is weaker than many of the State laws. I can imagine very many Congressman from a home State are going to want to say, "We want to do a weaker law."

In Indiana, we have, after a big battle, passed a law. And if I now, all of a sudden, decide to jump on the bandwagon and do one and unseat the State law, we now have another political problem, because this has kind of gone in this tidal wave through the States. But it clearly has to be addressed, and we have to get at the pseudoephedrine. The question is: what is the best way to get the pseudoephredine?

And it was a very interesting point just a minute ago that Mr. Oetjen made when he said that, in effect, he hasn't, by the—much of our midwest was coming through Canada, and that we took down the big group, and the question is: who is going to replace it? Or did we actually, if, in fact, the superlab stuff isn't coming

through as much, what is going to be the net replacement from that?

And if we replace Canada with Mexico, you know, I don't know that I want to make that trade. That it is a really difficult process to work through here. We are all doing the best we can, but it is a huge challenge that we are trying to work out as it moves east and moves urban.

Mr. CUMMINGS. Just one last question. You know, one of the things that—our being here today focuses on the problem here. And I am just wondering, I mean, perhaps it would be good for the local law enforcement officers to talk about this, too. I think our greatest weapon in most crimes, our greatest agent to fight crime, are citizens.

I mean, I have practiced law for 20 years, 25. When you don't have citizen input, you can forget law enforcement. And I am just trying to figure out, I mean, what—you have these cameras here, and I am just wondering, you know, what would you say that citizens can do to help to fight this? What is going on here with methamphetamines, because it is in every nook and cranny? It is everywhere.

I mean, so—and they are everywhere. And you have a lot of people—I think our citizens—and Mr. Turner can tell us better about that. I think they are aware of how bad the problem is and they see the effects. And a lot of people say, "Well, there is nothing I can do about it." I am just wondering, what would you have them do?

Mr. SOMMER. I think it is an awareness problem, and it is also—I mean, whether you establish a national hotline, whatever you do, you need more watch groups. But to start with, to educate them on—there is really—there are some people that aren't even aware of what to look for. They don't have the indicators.

Mr. CUMMINGS. I see the officer shaking his head behind you.

Mr. SOMMER. But it is true. We need to get a campaign going, a national campaign. And whether you set up hotlines or whatever you do, I know in Hawaii they did—when they had the crystal meth, they took the whole weekend out and had a bunch of people call in. And I think it was on every station out there for a while, and they blitzed the public.

Something needs to be done, but I agree with that—we are only as good as our intelligence in the community, and it is the backbone of law enforcement.

Mr. CUMMINGS. So you don't think our Media Campaign—you think our Media Campaign has to have meth in there.

Mr. SOMMER. Oh, yes.

Mr. CUMMINGS. Big time.

Mr. SOMMER. Oh, yes. Absolutely. It is here. It is here, and we can't ignore it. It is here. What I am concerned about, I am digressing a little bit, or going off, is one of the biggest things happening are the gangs in the cities. And Mr. Oetjen picked up on it with the city, the problems with the cities, and I mentioned with the crack and the heroin.

When the gangs pick up on it, it is going to run really fast and furious, I believe, because it is a product. They are all into selling

the drugs. And it is just a matter of the gang activity picking up on it, even though most of it is coming in from the rural area.

Mr. OETJEN. Congressman, just to go one step further, you are absolutely right. It has to be a total package or it is not going to work at all. We have in the past, and just recently here in Ohio, had methamphetamine summits. We talk about treatment and prevention, and try to embrace the total cooperation. But as you well know, along comes violence with that, and a lot of people are afraid to step forward.

We encourage it, and we wish there was more. But, you know, it is hard to sell that to a citizen who is afraid, afraid of their life, so——

Mr. CUMMINGS. Thank you, Mr. Chairman.

Mr. SOUDER. Mr. Turner.

Mr. TURNER. Thank you, Mr. Chairman. Thank you, ranking member, for your thoughtful approach to this issue. I appreciate not just the expertise that you bring, but the thoughtful discussion of, what do we need to do to address this? And, Ranking Member Cummings, I think that your last discussion, the focus on the issue of what do we need to do with the general public, is an important one when we talk about issues of controls, and we talk about the issues of the recipe, if you will, of making meth.

I know we all note that the front cover of Newsweek most recently talked about the meth epidemic. And one of the things that strikes me in this is that, as we look at the meth epidemic, there appears to be clear evidence that the use of meth results in the destruction of lives, that this may be one of the most addictive drugs that we have faced in our communities, and that anyone who makes a choice to use this drug is making a choice that could be permanent to their life, both the changes in the structure of the brain, the addiction level that they have, and the destructive forces.

Now, as we look to law enforcement, we look to trying to find those who are selling it, find those who are making it, you have a tremendous wealth of information that the public needs to learn about the effects of this drug. And I wonder to what extent that we are harnessing the information that you have about the impacts on people's lives who have used this drug, so that we can communicate to people on the demand side that this is a dangerous drug, that this will destroy their lives, that they need to stay away from meth, that they need to report individuals who are trafficking in meth.

To what extent are we, or how could we do a better job, by making certain that the information you have of the destructive forces of meth can get into the hands of our children and the people who are making the decisions to avoid this drug?

Mr. OETJEN. Well, again, historically the Town Hall meetings sponsored by the city fathers and police departments that I have participated in seem to have worked very well and opened the eyes of the common citizen out there who has no idea what methamphetamine is or the dangers behind it. Awareness is the key.

I mean, and we participate in these events routinely, probably not enough, but we have a demand reduction coordinator for two States. And they are constantly going around, speaking to schools

and high schools and public events, to make them aware of these, not just methamphetamine but everything.

Mr. SOMMER. Basically, my take on it is to bring it to their attention and use it, not only through the community outreach programs, but also to cities, making sure that the workers in the cities know what to look for, look for the dump sites. The people that are out there daily working with—just picking up the roads, the road hazards, and this sort of thing.

And also, but I think the attention that you are—this committee is putting on it, and the pressure they are putting on this, is very admirable, because, just like the article you have there in your hands, it has the media's attention now. What we have to do is continue the pressure, keep using the media to put the message out there, follow it up with some kind of a national campaign.

I think probably the most effective thing for this hearing today, if we brought in a family, a family that has been nearly destroyed through the use and abuse of meth, and to have the public see them and see what it has done to them and how it has destroyed their family, their kids, animals, I mean everything in the family. This is the kind of thing that we need is the public to see that path of destruction.

I spoke with a very hardened detective the other day, and I said something about, "We are going to talk about some things. You know, what do you think about treatment?" He just snapped back, "There is no treatment. There is no treatment for this drug abuse. It is so severe."

And I am sure that is not quite that extreme. There has to be some type of treatment. But based on what he has seen, he has never seen—he has always seen relapses, or other people could get hooked into it, and I think the public needs to know it is a sentence of death once they start it.

It is just not a casual drug, and it is not a recreational drug. It is an absolute—might as well put a gun to your head and kill yourself. I think they need a very strong message, and it needs to be put out there.

Mr. TURNER. I think one of the most effective things that we saw in the Newsweek articles, and in the other articles that have occurred, are the pictures of the faces of meth when they talk about the impacts of the decline that you see in individuals who have begun to use this drug. I think that is absolutely correct.

If we can get that story out, if we can get the words out as to the impacts of this drug, that this is a permanent decision, that this is not a recreational decision, that can have a real impact. So I encourage both of you, as you look to the information that you have and the need to get that information out to the public, that you do that, because you will know more than we ever will, and you will have direct evidence that people know what is going to happen to their lives.

Mr. Sommer, you also said one thing that I was not aware of, and that was anhydrous ammonia—you talked about it as a way to make it so that it is unusable in this process, rendering it unusable for this. Could you describe that a little bit more?

Mr. SOMMER. The only thing I know is that there is some research being conducted right now—I want to say it is in Iowa, I

am not sure, a college. But what they have done—there were two thoughts of that. No. 1, they were going to try to put something in it, so when it was being stolen it would act like a tracer, similar to like a bank robbery drive back or something.

And then, the other thought was, well, let us make it so that it cannot be used, you know, in the making of meth. And to me that is the wiser thing is to just make it so it cannot be used. But they are doing some experimentation on it right now with the manufacturers to make it still usable as a fertilizer. It is primarily used for corn. And I think that would help. I think if they could push that a little bit more, and push that along to the manufacturers, and I could get more information for you on that, but I think that is an idea.

Now, there is actually a case, though, where there are some chemists—there are some chemists out there that actually have the capability of coming up with that chemical themselves. Anhydrous ammonia is extremely rare, but for the most part it is stolen and used. And if not used directly, it is sold to those who are the operators of the meth labs.

Mr. TURNER. Thanks for your hard work that you are doing to combat this, and your bringing information forward that we might be able to implement. I appreciate also your discussion of the national standards issues, because it does look as if we don't have a margin of error here, since this is a life destructing drug.

As we look to the chemicals that make this recipe, I think the discussion of both the chairman and the ranking member on ways to restrict its availability are very important.

Thank you, Mr. Chairman.

Mr. SOUDER. Thanks. Nick Coleman has been our internal specialist on meth, and I was just asking him, because this comes up in my district all the time, about the anhydrous ammonia. And what we need as we look at a meth package is to figure out what things we can do with the precursor chemicals in the brief point there, which is that we have been funding this for a long time, and we hear different things about red dye, and we are going to do this kind of stuff.

And, quite frankly, none of it works because it appears that every time they think they have a breakthrough, what it does is it reduces the value of the anhydrous ammonia. Furthermore, if we do solve the anhydrous ammonia, they may switch to iodine or other types of things that could be equally as effective.

So we are trying to figure out how we can do this in some of our fall legislation, and we are going to plunge in.

I have a couple of followup questions yet. One is, on the Kentucky program, the $300 containment, we are going to be down in Chairman Rogers' district within the—certainly within 60 days, maybe within 30, to look at some of this. He raised this to me, I believe. Do you know, is that in his district, and, in Kentucky, Harold Rogers?

Mr. OETJEN. Yes, sir. It is in 10 Kentucky State Police posts throughout the State. Some of them are in his district.

Mr. SOUDER. And can you provide, so we have the record and can start to look at it, what that exactly is? Because that would be a

huge breakthrough, and I don't understand why it is not spread wider, if you can do a $300 containment on this.

Mr. OETJEN. A summary of the program?

Mr. SOUDER. Yes.

Mr. OETJEN. Yes.

Mr. SOUDER. With some of the details, and we can maybe ask some questions. But if you can get a draft of that to the committee.

Mr. OETJEN. Sure.

Mr. SOUDER [continuing]. Then we will follow-up and get that from Kentucky State Police before we get down there, because that is something we ought to be looking at in the fall, because one of the biggest problems we are going to hear is how we have to wait to get a cleanup lab, and the cost that a local county can't do, and if there is a way to address that.

You also made a reference in your statement about club drugs and seeing it show up in rave.

Mr. OETJEN. Methamphetamine show up at raves, yes.

Mr. SOUDER. In Ohio, in your district, or is that just——

Mr. OETJEN. I can't give you a specific instance, but this is what I was told.

Mr. SOUDER. OK. If you can find anything more particular about that, we have been watching Ecstasy closely. If this turns into a club drug, we have a whole other problem.

Mr. OETJEN. OK.

Mr. SOUDER. And, Mr. Sommer, on the HIDTA funding question, you were authorized, because you expanded for HIDTA for an additional $644,000 in funding, did you actually receive any of that?

Mr. SOMMER. Not yet. And what they did was when they authorized those counties, I was told that it was going to be base funding, they would level fund us up to that amount. We have not received it, and they put it into a package of discretional funding, which we are supposed to be getting at the end of the month.

Those counties are still left high and dry for this year. We have not been given the money for 2005, and we are waiting for that.

Mr. SOUDER. So they added it to the HIDTA, so you have more territory but the same amount of money.

Mr. SOMMER. Right now, we have more territory, the same amount of money. The ONDCP did promise the funding would be coming. Again, it is very difficult doing this, and you know the restrictions on ONDCP. We are supposed to spend the money——

Mr. SOUDER. They never have enough.

Mr. SOMMER [continuing]. Only in the counties, you know, that have been authorized, but you have Clermont County right down the road that is about third highest in the——

Mr. SOUDER. And why wasn't that authorized, then?

Mr. SOMMER. They are not authorizing. You have Astabula County next to Cuyahoga that is about second highest. But we still try to do the best we can with what we have.

Mr. SOUDER. So let me ask this question. Since we have seen the figures in meth have been doubling in Ohio, did that play a factor in adding the counties to it?

Mr. SOMMER. Definitely. What they did was——

Mr. SOUDER. But if that is the case, why didn't the second and third largest get added?

Mr. SOMMER. The way those counties were added, the history on it was they were originally going to make that a separate HIDTA, so they began doing their own threat assessment, the U.S. District—or U.S. Attorneys Office, Southern District. And they came up with their threats that didn't include the meth at that time.

Mr. SOUDER. So the answer to the question is they expanded the HIDTA, but not because of the meth problem.

Mr. SOMMER. That is right.

Mr. SOUDER. Because your second and third biggest counties weren't included.

Mr. SOMMER. That is correct.

Mr. SOUDER. So that meth wasn't considered the drug threat in Ohio.

Mr. SOMMER. That is correct.

Mr. SOUDER. If we polled the counties in Ohio, do you think they would consider meth—we heard this county thing that said that meth was the highest threat in the Nation. In Ohio, we find a similar thing, and how does that interrelate to where our DEA task forces are and our HIDTA?

Mr. SOMMER. I think the meth situation has been growing so rapidly that another fresh look at the State of Ohio, in my opinion I would include those counties.

Mr. SOUDER. Very wise and careful choice of words. [Laughter.]

Let me ask one other thing. It seems to me that one of the problems—we have been trying to figure out how—we have been down to EPIC multiple times, met with risk and all the different alphabet soup. I mean, we have seven different intelligence centers just in El Paso, collecting data. And it is clear the data is incredibly inaccurate.

Mr. SOMMER. Exactly.

Mr. SOUDER. And that there just isn't any other way to say it, and DEA is trying to get on top of it, and EPIC, but every hearing we do, the lab takedown totals from the local police do not match. In other words, in Arkansas, for example, they had taken down more labs in one county than they were reporting for the State.

But what I learned is that the figures—that Arkansas was no more off than any other State, so there is some kind of—I don't know whether they are just not reporting.

The other thing is that drug court data in the urban area seems—they are having to deal with them right there, they have the cases, and it is almost like a lead indicator. My question is: do you have or use drug court data? And we don't have national drug court data, but I am wondering if the HIDTAs and the DEA task forces look at the drug courts as well in accumulating what your highest risk things are?

Because the drug court guy is having to deal with the cases right in front of him, he is trying to decide whether they are going to be incarcerated or released. He is trying to decide what treatment program to put them in. So they have to do a poly drug analysis of which is the driving drug.

And what we are finding out is that the meth is the driving drug in much of this, that if you can't control the meth you can't control the individual. But that data isn't even coming into the law enforcement system, from what I can tell.

Mr. SOMMER. I would just like to mention that in our threat assessments, we use the ADAM reports, and I know they are under threat of loss of funding, and we do use all the data we can get to put the threat together, to answer that one question.

The other question I would like to just bring up for—or you brought up was on the clan lab, the national clan lab system. You are 100 percent correct. The figures are very difficult. We are trying to work on that. The HIDTA, on the national level, pushed that system, tried to put it together. But what is happening is this—the 143 Form, the DEA form that they came up with, it is a voluntary form, a lot of local law enforcement officers will not submit it, or they submit it late.

And then, the other problem with reporting—the State of Ohio has another reporting system where they may be reporting dump sites or just glassware, and not an actual active clan lab, you know, with bombs going off and everything, chemicals and this kind of thing. So there—we need to get our hands around that, and we are working on it.

I know that the directors, the HIDTA directors, and at our meetings we brought that up about how to make sure we have more accurate reporting. Perhaps maybe we need a requirement in the local and State law enforcement agencies that require them to submit the form, maybe some type of—even a penalty if they don't. But there is really no followup.

Mr. CUMMINGS. Just one more question. Mr. Sommer, you said some very kind things about the HIDTA program, and I was just wondering, do you all communicate much with those folks, those HIDTAs in the west, and the Los Angeles HIDTA? I mean, I know the HIDTA in the region—I mean, your HIDTA, all of you all are working together, but is there a lot of discussion with regard to these kinds of problems from those other areas affected?

Mr. SOMMER. Yes. We do have connectivity with all 28 HIDTAs throughout the country. And, of course, in California, when they were talking about 1,400 labs a few years ago, us out east were like, OK, you know, it hasn't hit here yet, but we knew it was probably going to be coming.

But we do communicate. We have a strategy that we worked on together, and we also support this national methamphetamine chemicals initiative that we have been doing. And what I would like to see actually is more of a national strategy put together, and where all HIDTAs, regardless of the amount of labs you are seeing, that we could put something together to—not only on the awareness side of it, but also on the training side of it, because to get ahead of the curve, quite frankly, these labs—I don't see any end in them growing and heading east.

So, but to answer your question, we do communicate regularly. We do have these summits. We do have meetings. And we share any ideas and best practices with each other, and particularly those that have been through it, before we have gotten to this point, this crisis, that we would learn through them.

Mr. CUMMINGS. Thank you.

Mr. SOUDER. Thank you. We are going to take a brief recess. If the second panel could come forward.

[Recess.]

Mr. SOUDER. The subcommittee is back in session, or whatever the correct term is. Raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses responded in the affirmative. Thank you for your patience. Thank you for all of your years of work in this area, and we will look forward to hearing your testimony. We will start with Sheriff Vore.

STATEMENTS OF DAVE VORE, MONTGOMERY COUNTY SHERIFF; RALPH FIZER, JR., CLINTON COUNTY SHERIFF; TOM ARISS, WARREN COUNTY SHERIFF; COMMANDER JOHN BURKE, GREATER WARREN COUNTY DRUG TASK FORCE; JIM GRANDEY, ESQ., HIGHLAND COUNTY PROSECUTOR; AND COMMISSIONER RANDY RILEY, CLINTON COUNTY ADMINISTRATOR

STATEMENT OF DAVE VORE

Mr. VORE. Thank you. I would like to begin today by offering my sincerest gratitude to the Congress of the United States, Committee on Government Reform, and the Subcommittee on Criminal Justice, Drug Policy, and Human Resources for holding this most important investigative hearing here at Wilmington College.

Before becoming Montgomery County Sheriff in 2000, I served as the Commander for the combined agencies' Narcotics Enforcement Drug Task Force. This is a multi-jurisdictional task force that targeted upper-level narcotics traffickers. During my time as Commander in the mid-1990's, we rarely encountered the illegal drug methamphetamine.

This problem was relegated in Missouri, Kansas, and other States west of the Mississippi River. Not anymore. Meth is marching—no, running—eastward and enveloping the whole Nation. Very few issues repeat the criminal cycle and resulting societal damage as this illegal drug activity does.

While we in law enforcement and society are familiar with marijuana, cocaine, oxycontin, we are not as familiar with methamphetamine. This highly addictive stimulant, which is relatively cheap to manufacture, ensnarls the grip of addiction like a vice. According to a recent Federal estimate, more than 12 million Americans have tried methamphetamine.

Law enforcement officers across the Nation have ranked meth as public enemy No. 1. This drug has affected the whole criminal justice system in a way unseen since the crack cocaine epidemic of the 1980's. Not even during the crack epidemic of the 1980's were normal law-abiding citizens affected as they are today, as a result of the assault of meth.

Giant retailers such as Wal-Mart, Rite Aid, and others have removed non-prescription cold pills from unsecured product shelves. These products contain the active ingredient pseudoephedrine. Meth manufacturers or cookers extract this pseudo and then combine it with other chemicals like iodine and anhydrous ammonia.

During the spring of 2004, the Miami County Sheriff's Office had seen a noticeable increase in the theft of the chemical, anhydrous ammonia. This chemical is illegally used as a fertilizer. Miami County is primarily a rural agricultural area. In the spring of 2004,

my office assisted the Miami County Sheriff's Office with an officer-involved shooting incident.

One evening a deputy was investigating a suspicious individual around an anhydrous ammonia tanker left near a farm field, which is normal in rural areas. The suspect had just opened a valve on the tanker, attempting to siphon off anhydrous ammonia, when something went wrong, sending a cloud of ammonia into the night air.

Two deputy sheriffs confronted the individual, ordering him to the ground. Instead of following the deputy's order to get on the ground, the suspect reached into his waistband and pulled out a handgun. The suspect pointed his weapon at the sheriff's deputies. In defense of their lives, they fired their weapons, fatally wounding the suspect.

Further investigation revealed the deceased was heavily involved in the use and manufacture of methamphetamine. This was a tragic result of his horrible addiction.

According to the latest DEA drug task force info in 2004, approximately 20 methamphetamine labs were shut down in Montgomery County as a result of law enforcement efforts. In 2005 thus far, law enforcement has busted or cleaned up at least 30 methamphetamine operations in Montgomery County.

One main problem for law enforcement trying to combat the manufacture of methamphetamine is the ability for its manufacturers to cook the product in any location. Although rural areas are preferred venues because of the pungent smell the cooking process emits, cookers have increasingly used vehicles as a point of manufacture. This creates a logistic nightmare for law enforcement officers when vehicles are discovered either to be engaging or previously engaged in the manufacture of meth.

Toxic waste left by the manufacture of this drug is immense. For every 1 pound of meth, 5 pounds of toxic waste is left behind. In Montgomery County, during the last 6 months, my narcotics enforcement unit has encountered three meth labs operating out of vehicles.

The city of Riverside just last month, located in Montgomery County, busted a meth lab operating in a garage in a residential area, which required the response of the Ohio Attorney General, Jim Petro's, Bureau of Criminal Investigation Clandestine Drug Lab Unit. This unit conducted the cleanup operation in this particular case.

Because the materials used to manufacture meth are extremely dangerous, the response of trained personnel capable of handling self-contained breathing apparatuses, air tank, portable decontamination units, air purifying respirators, and other protective gear, are necessary and needed to be the standard operating equipment of all law enforcement personnel across the State of Ohio and the whole United States.

If meth abuse reaches the levels seen by crack in the 1980's, our already overcrowded jail population will explode. Montgomery County and surrounding counties have recently built new jails or added new cells to handle the increased inmate populations resulting from already increased drug offenders. That is why we must stop meth in its track.

Therefore, I ask the Federal Government to assist us in our effort on the front line in this war against meth, with its subsequent assault on our society by, No. 1, providing funding for law enforcement agencies to purchase specialized equipment, such as self-contained breathing apparatuses, portable decontamination units, air purifying respirators, to enable us to clean up labs when discovered; two, provide treatment for methamphetamine abusers and support systems for their children; three, keep funds available for HIDTA areas to combat the illegal drug traffickers.

Again, I would like to thank all members of this committee for allowing me to address these concerns in our effort to combat the increasing tide of methamphetamine use in our community.

Thank you.

[The prepared statement of Mr. Vore follows:]

MONTGOMERY COUNTY SHERIFF'S OFFICE

Dave Vore, Sheriff
345 West Second Street
P.O. Box 972
Dayton, OH 45422-2427

TESTIMONY FOR CONGRESSIONAL SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

SHERIFF DAVE VORE
MONTGOMERY COUNTY SHERIFF'S OFFICE
DAYTON, OHIO

AUGUST 23, 2005
WILMINGTON COLLEGE, WILMINGTON, OHIO

I would like to begin by offering my sincerest gratitude to the Congress of the United States Committee on Government Reform for holding this most important investigative hearing at Wilmington College. Before becoming Montgomery County Sheriff in 2000, I served as the commander for the Combined Agencies for Narcotics Enforcement Drug Task Force. This was a mult-jurisdictional task force that target upper level narcotics traffickers. During my time as Commander in the mid 1990's we rarely encountered the illegal drug methamphetamine. This problem was relegated to Missouri, Kansas and other states west of the Mississippi river. Not anymore, Meth is marching, no running eastward, and enveloping the whole nation. Very few issues repeat the criminal cycle and resulting societal damage as this illegal drug activity does.

While we in law enforcement and society are familiar with Marijuana, Cocaine, Oxycotin, we are not as familiar with Methamphetamine. This highly addictive stimulant which is relatively cheap to manufacture ensnares the grip of addiction like a vice. According to recent federal estimates more than 12 million Americans have tried methamphetamine. Law Enforcement officers across the nation have ranked meth as public enemy No. 1.

This drug has affected the whole Criminal Justice system in a way unseen since the Crack Cocaine epidemic of the 1980's. Not even during the crack epidemic of the1980's were normal law abiding citizens effected as they are today as a result of the assault of meth. Giant retailers such as Wal-Mart, Rite-Aid and others have removed non-prescription cold pills from unsecured product shelves. These products contain the active ingredient pseudo ephedrine. Meth manufacturers or cookers extract the "pseudo" and then combine it with other chemicals like iodine and anhydrous ammonia.

During the spring of 2004 the Miami County Sheriff's Office had seen a noticeable increase in the theft of the chemical anhydrous ammonia. This chemical is legally used as a fertilizer. Miami County is primarily a rural agriculture area. In the spring of 2004 my Office assisted the Miami County Sheriff's Office with an Officer involved shooting incident. On one late evening a Deputy was investigating a suspicious individual around an anhydrous ammonia tank left near a farm field. The suspect had just opened a valve on the tanker attempting to siphon off anhydrous ammonia when something went wrong sending a cloud of ammonia into the night air. Two Deputy Sheriff's confronted the individual ordering him to the ground. Instead of following the Deputies order to get on the ground the suspect reached into his waistband and pulled out a handgun. The suspect aimed his weapon the Sheriff Deputies. In defense of their lives, they fired their weapons, fatally wounding the suspect. Further investigation revealed the deceased was heavily involved in the use and manufacture of methamphetamine. This was a tragic result of his horrible addiction.

According the latest DEA Drug Task Force, in 2004 there were approximately 20 methamphetamine labs shut down in Montgomery County as a result of law enforcement efforts. In 2005 thus far, law enforcement has busted or cleaned up at least 30 methamphetamine operations. One main problem for law enforcement trying to combat the manufacture of methamphetamine is the ability for it's manufacturers to cook the product in any location. Although rural areas are preferred venues because of the pungent smell the cooking process emits, cookers have increasingly utilized vehicles as a point of manufacture. This creates a logistical nightmare for law enforcement officers when vehicles are discovered either to be engaging or previously engaged in the manufacture of meth. Toxic waste left by the manufacture of this drug is immense. For every one pound of meth, five pounds of toxic waste is left behind. In Montgomery County during the last 6 months my narcotics enforcement unit has encountered three methamphetamine labs operating out of vehicles. The City of Riverside just last month busted a meth lab operating in a garage which required the response of Ohio Attorney General Jim Petro's Bureau of Criminal Investigation Clandestine Drug Lab Unit. This unit conducted the clean up operation in this particular case. Because materials used to manufacture meth are extremely dangerous, a response of trained personnel capable of handling self-contained breathing apparatuses, air tanks, portable decontamination units, air-purifying respirators and other protective gear are necessary and need to be standard operating equipment of all law enforcement personnel across the state of Ohio and the whole United States.

If methamphetamine abuse reaches the levels seen by crack in the 1980's our already overcrowded jail population will explode. Montgomery and surrounding counties have recently built new jails or added new cells to handle the increased inmate populations resulting from increased drug offenders and Ohio's Senate Bill 2. That is why we must stop meth in its tracks. Therefore I ask the Federal government to assist us in our effort on the front line in this war against meth and its subsequent assault on our society by;

1. Provide funding for Law Enforcement agencies to purchase specialized equipment such as, self-contained breathing apparatuses, portable decontamination units, air-purifying respirators to enable us to clean up labs when discovered.

2. Provide treatment for methamphetamine abusers and support for their children.

3. Keep funds available for HIDTA areas to combat the illegal drug traffickers.

Again, I would like to thank all members of this committee for allowing me to address these concerns in our effort to combat the increasing tide of methamphetamine use in our community.

Mr. SOUDER. Thank you very much.
Sheriff Fizer.

STATEMENT OF RALPH FIZER, JR.

Mr. FIZER. Thank you, Chairman Souder. I would like to take this opportunity to thank you for the invitation to testify before you today. I consider it an honor and a privilege to be able to speak to you, and I want you to know we appreciate the fact that the Federal Government is willing to take the time to listen to our concerns on the local level.

Just to give you an idea, from August 2003 through this August 2005, we have had approximately 32 partial or working methamphetamine labs seized here in Clinton County. We are a very rural community, a lot of farm land. All of these seizures resulted in felony arrests of approximately 50 different individuals.

There have been approximately 50 abandoned methamphetamine labs found in our fields or ditch lines throughout the county. There are currently approximately 30 more labs that we know of working right now today in Clinton County.

The number of meth cooks grows rapidly. It is relatively simple to make, and the ingredients are easily attainable. Along with these meth labs, we have had approximately 70 to 80 reports a year for the past 2 years of anhydrous ammonia thefts. Again, as you saw when you came to our county today, we have a lot of farmland. The anhydrous tanks are usually parked at the edge of the fields and around barns.

Just so far this year, in 2005, Clinton County has had 88 drug cases. Of those 88, approximately half of them are due to meth. Due to the meth use in Clinton County, we have also seen increases in home burglaries and thefts. Just a week ago, I myself responded with my deputies. A lady is frantic. Someone is beating in her back door, attempting to break into her house.

We got there. Sure enough, the guy had made it into her house. Of course, he was arrested immediately. But his actions—we were pretty sure he was on some type of drugs. He was taken to a local hospital and, yes, he was on methamphetamine, in a small, local village here in our county.

All of these cases where the burglars were on meth, the suspects were caught and taken to the local hospitals. The drug cases in this county have impacted our corrections facility. We built a new jail 4½ years ago here in Clinton County. I am overcrowded. It is busting at the seams, and it is mainly because of the methamphetamines here in Clinton County.

I have a very aggressive detective division. There isn't a week to 2 weeks goes by that we don't bust some type of a meth lab or drug dealers here in Clinton County. We are doing everything possible we can to get them off the streets.

The increase in the drug cases also affected our manpower, as it takes many hours to work these cases, along with the paperwork load, but it also affects our courts, our prosecutor's office, probation and parole offices.

As a result of the increased felony case load in the court system, we are already looking at, along with our County Commissioners,

possibly having an additional Common Pleas Court Judge. It is getting that bad.

As the sheriff, my office is taking the initiative to warn and educate our local firefighters, township trustees, our local citizens, as to the dangers of meth. Methamphetamines—the dangers of meth have been added to our DARE program, which is very big here in Clinton County.

There are also citizens groups here in Clinton County, the Coalition for a Drug-Free Clinton County. They are trying to educate, along with our sheriff's office, educate the public and the kids to the dangers of meth.

Our biggest problems we have, though, are the cleanups. In Clinton County, we have one officer trained in going in and cleaning it up. We have had two or three detectives on waiting lists trying to get in to get them trained. There is not enough training.

DEA does an excellent job of assisting us in coming in and cleaning up the labs. However, they either have to come out of Columbus or into Annapolis. Again, it is taking 5 to 6 hours that we have to maintain these scenes, waiting for a cleanup crew. It is very expensive to my sheriff's office, especially when we are in a small rural community. Luckily, I have good County Commissioners that do try to assist us any way they can.

So what we are asking on the Federal level is any assistance at all for additional training on the cleanup, anything DEA can do to give us more cleanup crews, so we are not tied up for hours and hours. I think the reason we have busted so many labs, too, is because of the awareness in Clinton County. We are a small community. The community calls my office constantly.

We have a Web page that they are constantly e-mailing us, they think there is a meth lab here or there. Because of their help, the citizens have actually joined in to help the sheriff's office. And we are busting them right and left, but we need additional training and additional equipment.

Thank you very much for the opportunity today.

[The prepared statement of Mr. Fizer follows:]

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Ralph D. Fizer Jr. Sheriff

Testimony for Congressional Subcommittee on Criminal Justice, Drug Policy and Human Resources

Sheriff Ralph D. Fizer Jr.
Clinton County Sheriff's Office
Wilmington, Ohio

August 23, 2005
(held at Wilmington College)

I would like to take this opportunity to thank you for the invitation to testify before the Congressional Subcommittee on Criminal Justice, Drug Policy and Human Resources. I consider it an honor and a privilege to be able to speak to you and I want you to know we appreciate the fact that the Federal Government is willing to take the time to listen to our concerns on the local level.

From August of 2003 through August 15, 2005, there have been approximately 32 partial or working methamphetamine labs seized in Clinton County. All of these seizures resulted in felony arrests of approximately 50 individuals. There have been approximately 50 abandoned methamphetamine labs found in fields or ditch lines throughout the County. There are currently approximately 30 methamphetamine labs working in the County. The number of meth cooks grows rapidly, because it is relatively simple to make and the ingredients are easily attainable. Along with these meth labs, we have also had approximately 70-80 reports of anhydrous ammonia thefts in the County per year for the past two years. Our drug case breakdown is as follows:

Drug Cases in 2000:	92	
Drug Cases in 2001:	105	
Drug Cases in 2002:	80	
Drug Cases in 2003:	101	
Drug Cases in 2004:	106	
Drug Cases to Date 2005:	88	(As of August 16, 2005)

Due to meth use in Clinton County, we have seen an increase in home burglaries and thefts. We have had several cases of burglaries while the home owner is home.

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Ralph D. Fizer Jr. Sheriff

All of these cases, the suspects were caught, then taken to the local hospital and found to be on methamphetamine at the time. Drug cases have impacted our correctional facility. Clinton County build a new Adult Detention Facility in 2001 with the expectations of it serving our needs for the next ten years. Due to the increase in drug crimes, we are currently overcrowded and in need of funding for additional detention space. This increase in drug cases also has affected our manpower as it takes many hours to work these cases along with the paperwork load but also affects the court dockets, prosecutors office and probation/parole offices. As a result of the increased felony case load on the court system, the possibility of a additional Common Pleas Court Judge is being explored.

As the Sheriff, my office has taken the initiative to warn and educate firefighters, township trustees and local citizens as to the dangers of meth labs. This has also been added to our DARE program to teach our children of the dangers of meth and the dangers of cooking it. Our Sheriff's Office also supports and participates in our local Coalition for a Drug Free Clinton County program. This organization also makes parents aware of the dangers of meth and has received a good response from our citizens.

We need our federal government to help us combat the meth lab abuse and trafficking. Some guidelines we feel might help would be for ALL stores and pharmacies to work with law enforcement to fight these drug abuses.

1. Federal legislature placing all cold medications with pseudoephedrine in the pharmacies. Require individuals to sign a log and present identification to make the purchase. Make the log accessible to law enforcement. Also, limit purchases of cold medications to two boxes.

2. We need more training available for local law enforcement. Training to certify officers in the clean up of meth labs.

3. We need more funding for equipment, manpower and training.
4.

Again, ladies and gentlemen, thank you for listening. We appreciate any and all support our Federal government can give us to help curtail the drug issues we face today. Should you need any further information from us, please feel free to contact me at the Clinton County Sheriff's Office

Mr. SOUDER. For the hearing record, because these meth hearings are going to be kind of the main hearings that will be the official record of the United States on meth, and for reading them it would be helpful—and let me go back to the first two, and then each of you kind of, to the degree you are not from the same county—Sheriff Vore, if you could say—how big is Montgomery County?

Mr. VORE. As far as population?

Mr. SOUDER. Population.

Mr. VORE. About 565,000.

Mr. SOUDER. And how many narcotics officers do you have in your office?

Mr. VORE. In my office, six.

Mr. SOUDER. And, Sheriff Fizer, how big is——

Mr. FIZER. We are approximately 43,000.

Mr. SOUDER. And how many narcotics officers do you have?

Mr. FIZER. I have four detectives, one that works full-time narcotics, and that is it.

Mr. SOUDER. OK. Thank you.

Sheriff Ariss.

STATEMENT OF TOM ARISS

Mr. ARISS. Thank you, gentlemen. Chairman Souder, members of the committee, I appreciate the opportunity to speak to you today.

I am Tom Ariss. I am the Sheriff of Warren County, OH, and Warren County is located in the southwestern part of the State of Ohio. It is the second fastest-growing county in Ohio. The population has grown from a 2000 Census of 152,000 to the present estimated population of almost 200,000. So rapid growth.

I myself have been in law enforcement since 1957. I retired from the U.S. Highway Patrol, and I have served as sheriff for 13 years. I was in the Army as a military police officer, and I also worked with the Springbrook Police Department and the county court system as a bailiff and probation officer.

Over these years, I have been involved in numerous drug types of cases. My most memorable event was a drug arrest involving a young man, local young man about age 20. I had arrested him for DWI and a failure to stop violation. In a subsequent search of this gentleman's vehicle, I found four large grocery sacks full of marijuana, over 200 hits of PCP and LSD. He was arrested for these drug violations.

What keeps this case in mind—this is about a 30-year-old case—is that the gentlemen was—his age, and also prior to his case being heard in our local Common Pleas Court, this gentleman was killed up in Greene County, an adjacent county up the road here.

And the reason he was killed—the information I got—was that he failed to pay for his drugs that I was fortunate enough to remove from the street and from him. It has been on my mind for many years.

Warren County has a very active and, I might add, a very proactive and progressive drug task force program. It has been in effect for approximately 8 years. The success of this program is through the efforts of our county prosecutor, local Warren County police departments, our township police agencies, the Ohio Bureau

of Identification and Investigations, the FBI, and also the members of our Warren County Sheriff's Office.

The local townships, cities, and villages over the years are contributing to funding of our new drug task force. And the good thing about our Warren County Commissions—match dollar for dollar to keep this drug task force in operation. And without this funding, we would not be able to exist. Also, we have moneys from the Federal Byrne Grant to assist in this program.

Additional funding resources could be enhanced if the Federal forfeiture funds could be allocated for the salaries of drug task force members. And my understanding is that Attorney General Gonzales can expand or permit the usage of these forfeiture funds.

We presently work with the Ohio HIDTA group, which is based in Cleveland—you heard from Mr. Sommer earlier. We now have a HIDTA group for the southwestern Ohio area, which encompasses from Columbia to Dayton to Cincinnati, a huge triangle of many counties and very large populations. I presently chair the southwestern Ohio HIDTA group.

Warren County has seen a large growth in the production of methamphetamine over the past years. And last year, 2004, our drug task force investigated eight meth lab cases. So far this year, 2005, the task force has been involved in 15 meth lab cases. As these numbers grow, we will more than likely triple the numbers from 2004.

We, the local law enforcement agencies, have been involved in numerous types of meth labs, from the mobile to the hotel to the home to the garage and to the shed. Our most recent meth lab production operation involved locating the remnants of a lab in a local farmer's pond.

The site work and cleanup are dangerous and very expensive. There are numerous recorded incidents in our county and all throughout the country involving meth labs where there have been explosions and injuries and where labs have even been booby-trapped. Gentlemen, we have been very, very lucky.

Folks, quite frankly, the influx of the manufacturing and also the use of meth frightens me, unlike any of the other challenges that I have faced throughout my law enforcement career. If we think of those non-involved individuals who are victims of this scourge, and how it affects their lives and living conditions, it is very frightening. Remember the farmer whose pond is now contaminated with these dangerous chemical residues. The same applies to the motel and hotel proprietors.

The costs associated with the cleanups of these sites is tremendous. The property is contaminated. There is definitely a true loss of the property values. I shudder to think when the innocent family rents the motel room next to the potential meth lab next door. The potential victims do not even know that they are sleeping next door to what is effectively a bomb.

As citizens of this great Nation, we are acutely aware of threats of international terrorists. But I submit to you all that this epidemic is more of an immediate threat than the terrorist.

Every one of us is a potential victim. This scourge crosses all lines of the social-economic strata. The poor, the rich, the doctor, the lawyer, the factory worker on his way to work, and the day la-

borer on her way back to home, could all be in danger. These drugs do not discriminate by religion or skin color. The drugs ruin our lives, and they can and do often kill.

If everyone is not safe, then none of us are safe. As law enforcement executives, we owe our citizens nothing less than our full attention to this growing problem.

Gentlemen, thank you very, very much.

[The prepared statement of Mr. Ariss follows:]

Testimony of Tom Ariss
Sheriff of Warren County Ohio
August 23, 2005

Good Morning

Chairman Souder and members of the sub-committee. I appreciate the opportunity to speak to you today.

I am Tom Ariss, the Sheriff of Warren County Ohio. Warren County is located in the Southwestern part of this State. We are the second fastest growing County in Ohio, growing from approximately 152,000 citizens in the 2000 census to approximately 200,000 citizens at the present time.

I have been in law enforcement since 1957. I retired from the Ohio State Highway Patrol and have been Sheriff for over 13 years. I have served in the United States Army as a Military Police Officer, and also worked as a Patrol Officer with the Springboro Police Department and as a bailiff/ probation officer for our County Court.

Over these years I have been involved in numerous arrests and cases involving various kinds of drugs.

My most memorable drug arrest involved a local young man I believe aged 20. I had arrested him for a DWI violation and a failure to stop violation. In a subsequent search of his vehicle, I located four grocery bags of marijuana and numerous hits of LSD and PCP.

He was also arrested for the drug violations.

What keeps this in my mind was his age, and also that prior to his case being heard in the local Common Pleas Court he was murdered in Greene County. Information that I later learned was that he was killed because he did not pay for the drugs that I had confiscated from his vehicle.

Warren County has a very active, and I might add, pro-active and progressive Drug Task Force for approximately eight years. The success of this program is through the efforts of our County Prosecutor, our local Warren County police departments, township police agencies, the Wilmington Police Department, The Ohio Bureau of Criminal Investigation and Identification, the FBI and members of the Warren County Sheriff's Office.

Local townships, cities and villages have over the years contributed funding for our Drug Task Force. Our Warren County Commissioners match dollar for dollar these contributions. Without this funding the Task Force could not exist. Federal Byrne Grant has assisted in our funding.

Additional funding resources could be enhanced if federal forfeiture funds could be allocated for salaries of Task Force employees. My understanding is that Attorney General Gonzales can expand or permit this usage.

We presently work with the Ohio HIDTA Group based in Cleveland, and we now have a HIDTA group for the Southwestern area. I presently Chair this Southwest Ohio HIDTA Group.

Warren County has seen a large growth in the production of methamphetamine over the years. Last year, 2004, our Drug Task Force investigated 8 meth labs cases.

So far this year, 2005, the Task Force has been involved with 15 meth labs. As these numbers grow, we will more than likely triple the number of meth cases from 2004.

We, the local law enforcement agencies have been involved in numerous types of meth labs, from the mobile, to the motel, to the home, to the garage and to the shed. Our most recent meth lab production operation involved locating the remnants of a lab in a local farm pond.

Site work and clean up are dangerous and expensive. There are numerous recorded incidents involving meth labs where there have been explosions and injuries and where labs have been booby-trapped.

We have been lucky.

Folks, quite frankly the influx of the manufacturing and also the use of meth frightens me, unlike any of the other challenges I have faced in my law enforcement career.

If we think of those non-involved individuals who are victims of this scourge and how it also affects their lives and living conditions it is frightening. Remember the farmer whose pond is now contaminated with these dangerous chemical residues. The same applies to motel and hotel proprietors. The costs associated in the clean up of these sites are tremendous. Their property is contaminated and there is definitely a true loss of their property value. I shudder when I think of the innocent family who rents the motel room next to the meth lab. These potential victims do not even know that they are sleeping next door to what is effectively "a bomb".

As citizens of this great nation, we are acutely aware of the threats of international terrorists. But, I submit to you ladies and gentlemen, that this epidemic is more of an immediate threat than the terrorist.

Everyone is a potential victim. This scourge crosses all lines of the social- economic strata. The poor, the rich, the doctor, the lawyer, the factory worker on his way to work, and the day laborer on her way home all could be in danger. These drugs do not discriminate by religion or skin color. These drugs ruin lives and they can and do kill.

If everyone is not safe, then none of us are safe. As law enforcement executives, we owe our citizens nothing less than our full attention to this growing problem

Thank you

Mr. SOUDER. Thank you.
Commander Burke.

STATEMENT OF JOHN BURKE

Mr. BURKE. Thank you very much, Chairman Souder, and the committee. I appreciate, as the others have said, this opportunity for us to be here. I am in charge of the Warren County Drug Task Force, obviously in Warren County, OH. We also currently cover the city of Wilmington.

We have an eight-person meth lab team that is in a 26-foot trailer that we were able to purchase through some forfeiture funds and a generous donation from the Procter & Gamble Co. So I do have eight people trained. One is actually a chemist with the Miami Valley Crime Lab, which is kind of unusual.

But before I discuss the five things that I have listed, I wanted to just give you a little background about the first meth lab that we encountered, which was in July 2000. We were woefully prepared for this. We had purchased a small amount of methamphetamine, raided an almost abandoned farmhouse at the end of a 1,000-foot gravel driveway. And only by the grace of God did this first endeavor turn out to be successful, since we had no training or protective gear to minimize harm to all of us who drove down the long lane to the house.

In that residence, we found over 50 automatic weapons, most ready to fire at a moment's notice, detonation cord, and a host of toxic chemicals, meth waste, and a small amount of methamphetamine. During the investigation, we became aware of child endangerment and abuse, domestic violence—two issues that are often present, as you well know by now, at these clandestine laboratories.

On the first lab, we arrested four people and removed two children from their parents' custody by notifying our children's services department in Warren County. Although these adults were longtime methamphetamine users and showed signs of anorexia, little or no personal hygiene, paranoia, and drug-induced stupor, that seems commonplace with methamphetamine abuse.

In almost 38 years of law enforcement, which included 32 years with the Cincinnati Police Department before coming to Warren County, I believe that methamphetamine is the most addictive drug on the planet. When abusers are willing to drink their own urine and smoke their own puss out of self-induced scratches in order to obtain the drug, it has a lethal attraction like no other substance of abuse I have encountered in my career.

In talking about the five things in this few minutes that we have, I wanted to get to—I wanted to let you know, too, Mr. Chairman, that I was born in Fort Wayne, IN. My family is from Berne in the Decatur area, and I——

Mr. SOUDER. I thought your statement seemed extraordinarily intelligent. [Laughter.]

Mr. BURKE. I always say that I travel in Maryland quite a bit, too, as I—[laughter]—five separate things. The one thing that I think the sheriff touched on are the Byrne Memorial JAG Grants. These are grants that come from the Federal Government, as you know, and there has been a considerable reduction in this funding

for local drug task forces to be potentially devastating in fighting the drug war.

Ohio Drug Task Force grant moneys have been cut in half in most instances for 2006, with a much greater cut in a few more. Currently, there is no funding slated for drug task forces for calendar year 2007. This change will effectively cripple many drug task forces in 2006, and will likely eliminate others in 2007, if funding is not restored to its 2005 level.

The clandestine methamphetamine problem and the increased abuse of crystal meth will put an even greater strain on the drug task forces in Ohio. I strongly urge that these grants under Byrne Memorial be restored to their past levels to ensure a continued pursuit of high-level drug traffickers.

The Federal forfeiture revisions, which the sheriff also touched on, in these times of reduced revenue for governmental entities, the consideration of the expanded use of Federal forfeitures is very important. Currently, the Federal moneys can be used for a variety of things to combat the drug war, but salaries for people longer than—new employees for a year that cannot be used.

This puts many drug task forces in the position of having substantial Federal forfeiture moneys accrued from participating and joint Federal-local drug investigations, but being unable to maintain their current personnel strength due to lack of enough State and local funding. This could put drug task forces in the position of having state-of-the-art equipment to address the drug problems, but not the funding to provide an investigator for its operation.

My understanding is that U.S. Attorney General Gonzales can expand this use of Federal forfeiture funds to that of salaries of drug task force personnel that have been there longer than a year. This change may very well also be the difference between drug task forces surviving at their full strength or not at all.

Since this change does apparently not require legislation, I would hope that it could be considered as one of the most expedient ways of allowing new funding for drug task forces, and this change would not require more taxes or governmental funding, only a small change in the current policies.

Ohio HIDTA and, of course, Director Sommer was here—our region has recently been part of that program. HIDTA provides an enormous ability for us to cooperate with Federal and State law enforcement agencies. They have excellent training opportunities, investigative resources, a deconfliction program nationwide that foremost protects law enforcement officers while safeguarding major crimes.

I feel that full funding of this program is crucial if we are going to continue to combat the drug problem in the United States. The influx of crystal meth just adds another drug requiring total law enforcement cooperation involving international substance of abuse.

Clandestine lab cleanup, which is already in place—and we have not seen any indication that we didn't have that funding when we needed it. My people are site safety trained, so we get a number of these safety cleanup people that come right to our site. And we have not seen any dry-up of that money, but I just want to stress how important that money is for the future.

The last thing I have, which is kind of specialized, because we do have a clan lab team, is the clan lab entry. The problem with entering meth labs when you have to—and we try not to while they are cooking, but it is not always that easy—is the fact that you have one or two thoughts of going in.

And one is you go in without protective gear, so that you have the full availability of being able to use your firearm if you have to. Of course, the problem with that is if you encounter toxic chemicals, then the officers become endangered without any masks or any other breathing apparatus.

The second way is to go in with the full suits on, which we have, and then you restrict your amount of movement and the fact that you can use your firearm if you have to.

What DEA does provide is specialized training that we would just like to see more of. It is excellent training, and it provides sending an entire team probably to Quantico, or they may come to Ohio where they would train as a unit, so that when we make these entries we are making them as safe as possible for the police officers.

In conclusion, law enforcement continues to try and address the issues surrounding clandestine methamphetamine production in our jurisdictions. The efforts on clandestine meth require extensive training and equipment for law enforcement and good intelligence on those who are producing this addictive substance.

Continuing education efforts are also vital and are the key to identifying those responsible. Continue with current cleanup programs to clandestine meth, along with forced entry training, would be welcome. The introduction of crystal meth has already started in Ohio, and will likely continue to grow, especially as new legislation will likely take place concerning the sale of pseudoephedrine products.

Crystal meth is likely to be more potent, with bigger profit margins and more overdose deaths. Crystal meth will need to be combated in much the same way as we combat currently cocaine and marijuana, which also has a Mexican nexus.

We about a year and a half ago seized 11 pounds off of a person in a small township in our county. Crystal meth was worth well over half a million dollars just here in Warren County.

Now more than ever, while Homeland Security needs make for strained drug enforcement budgeting, increased funding is needed for drug task forces. Money for personnel, overtime, equipment, and good training is paramount, the need to restore grant moneys to 2005 levels and relax the Federal forfeiture policies to allow us to pay for salaries of drug task force agents that may need to be laid off if relief is not forthcoming.

In addition, the best way I see to promote Federal-local drug law enforcement cooperating, producing excellent cases, is to continue the funding to ONDCP for the HIDTAs. HIDTA can be the glue that keeps the Federal-local entities together, working toward a common goal of reducing the influx of these substances in the United States, while arresting and prosecuting those responsible for its distribution.

Thank you very much.

[The prepared statement of Mr. Burke follows:]

Greater Warren County Drug Task Force
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Phone: (513) 336-0070 • Fax: (513) 336-9097• www.wcdtf.org
Drug Tips: 1-866-307-0070 (Toll Free)

August 18, 2005

Honorable Mark E. Souder
U.S. House of Representatives
Chairman
Subcommittee on Criminal Justice
Drug Policy and Human Resources

Dear Representative Souder:

The Greater Warren County Drug Task Force's experience with clandestine methamphetamine labs began in July 2000. After purchasing a small amount of methamphetamine, we obtained a search warrant and raided the almost abandoned farm house at the end of a 1,000 foot gravel driveway. Only by the grace of God did this first endeavor turn out to be successful, since we had no training or protective gear to minimize harm to all of us who drove down the long lane to the house.

In that residence we found over 50 automatic weapons, most ready to fire at a moment's notice, detonation cord, and a host of toxic chemicals, meth waste, and a small amount of methamphetamine. During the investigation we became aware of child endangerment and abuse, and domestic violence, two issues that are often present at these clandestine laboratories.

On this first lab we arrested four people, and removed two children from their parent's custody by notifying our Children's Services department in Warren County. All of the adults present were long time methamphetamine users, and showed the signs of anorexia, little or no personal hygiene, paranoia, and a drug induced stupor that seems commonplace with methamphetamine abuse.

In almost 38 years of law enforcement, which included 32 years with the Cincinnati Police Department before coming to Warren County, I believe that methamphetamine is the most addictive drug on the planet. When abusers are willing to drink their own urine and smoke their own pus out of self-induced scratches in order to obtain the drug, it has a lethal attraction like no other substance of abuse I have encountered in my career.

Since January 2004, the Greater Warren County Drug Task Force has dismantled 23 clandestine laboratories, while making 31 felony meth arrests during the same period. The interesting part is that we have almost doubled the labs in 2005(15) so far compared to 2004(8). Similar figures involving arrests show fifteen (15) in 2004, and already sixteen (16) in 2005 with over 4 months left in the year.

Two of the labs in early 2005 were discovered when an explosion occurred in a populated area of Franklin, Ohio, during the cooking process. Fortunately, no human beings were killed or seriously injured, but the family dog died due to the explosion and resulting fire. These labs have been found in motor vehicles (mobile), abandoned barns and homes, garages, remote park areas, and in typical residential neighborhoods filled with parents and children, with cooks that have no regard for their safety.

In 2004, a large discharge of anhydrous ammonia at the fertilizer storage area in Pleasant Plain, Ohio, required law enforcement and fire personnel to evacuate the entire town early one morning. The release of this dangerous farm chemical was the direct result of methamphetamine manufacturers attempting to steal the product from large tanks containing thousands of gallons of anhydrous ammonia. Only luck, and good weather conditions prevented many residents from becoming ill from inhaling the fumes.

Since the first methamphetamine clandestine laboratory discovery in July 2000, our Drug Task Force has been able to obtain training for an entire team of eight (8) specialists. These law enforcement officers, and one chemist from the Miami Valley Crime Lab, respond to methamphetamine production scenes and dump sites, wearing all necessary protective clothing and processing the site with the full support of the Hazardous Material Unit, and the local fire department. All procedures are followed, and DEA is contacted for a "clean up number".

Since three of my detectives are Site Safety certified, they are given a "clean up number" that is then given to the contracted toxic chemical waste company who responds to the scene to remove and process the toxins. This alleviates the need for DEA to respond to the scene, but allows for them to pay for the clean up, which can be thousands of dollars depending on the extent of the lab. Without this very important federal money used to clean up these labs, many local governmental entities would be unable to pay for the clean up.

The Greater Warren County Drug Task Force has made addressing meth abuse and production a top priority. Extensive training to law enforcement agencies, fire and EMS units, probation and parole officers, children's services workers, local businesses and the general citizenry have been conducted with considerable success. In addition to personal appearances, a 15 minute methamphetamine awareness video has been produced by our office to be distributed across the county.

In May 2005, through state forfeitures designated to drug education and awareness and a generous donation by the Proctor and Gamble Company, we purchased a 26 foot clandestine laboratory trailer. This trailer's use is twofold; it provides public and law enforcement education that includes the meth video, and our meth display kit, and is also the response vehicle for all meth labs reported in our county.

The trailer is totally equipped with all protective gear and supplies needed to process a clandestine lab. Therefore, officers can respond directly to the lab site, knowing that all of their equipment needed will be on the trailer. Our current equipment (breathing apparatus) is in need of an upgrade to bring it to the top of standards.

Clandestine Methamphetamine vs. Crystal Methamphetamine

The clandestine methamphetamine labs and their light brown powder have addicted many people in our county and surrounding areas. In addition to the drug's devastating addiction possibilities, the possibility of fire and explosion, or the release of toxic fumes into the air make it a large concern of law enforcement and fire personnel. This form is produced in small "mom and pop" labs across our region. Generally only enough meth is made to satisfy the producers and a few friends who have gathered the precursors to produce the dangerous substance. When it is sold, it will bring a street price of about $100 a gram, with it being unusual to find large caches of this form of methamphetamine.

Crystal methamphetamine or "ice" represents a new and growing problem of meth abuse, addiction, and trafficking. Our recent purchase of 6 ounces of crystal meth in Warren County for over $14,000 resulted in the drug being tested as 92% pure by our lab. With this drug having purity levels 5-10 times that of clandestine manufactured meth; it is easy to see that overdose deaths may be commonplace in the future if this form of the drug is not addressed also. In addition, huge profits will be generated with the drug being diluted several times to produce street values far higher than the clandestine form of meth.

Crystal methamphetamine is being manufactured primarily in Mexico, and enters our country through the Arizona and Texas borders. On one seizure, the Greater Warren County Drug Task Force confiscated 11 pounds of crystal methamphetamine, representing over $500,000 in street value drugs that came directly from Mexico through the Arizona border.

Very recent national trends indicate that the tightening of pseudoephedrine product sales by states has generated a considerable increase in the distribution of crystal methamphetamine. This is documented by recent reports that meth seizures at the Mexican borders has risen from 14 pounds in 1992, to 3,820 pounds in 2003. The Ohio Bureau of Criminal Investigation (BCI) estimates that methamphetamine abuse is currently evenly divided between the two forms of this addictive drug in our home state.

State and Local Law Enforcement Needs

Byrne Memorial/JAG Grants

The financial pinch felt by local governments, and the State of Ohio, have made the reduction in Byrne Memorial/JAG Grant funding for local drug task forces to be potentially devastating in fighting the drug war.

Ohio drug task force grant monies have been cut in half in most instances for 2006, with a much greater cut in a few more. Currently, there is no funding slated for drug task forces for calendar year 2007. This change will effectively cripple many drug task forces in 2006, and will likely eliminate others in 2007, if funding is not restored to its 2005 level.

The clandestine methamphetamine problem, and the increased abuse of crystal meth, will put an even greater strain on drug task forces in Ohio. I strongly urge that these grants under Byrne Memorial/JAG be restored to their past levels to insure a continued pursuit of high level drug traffickers by law enforcement.

Federal Forfeiture Revisions

In these times of reduced revenue for governmental entities, the consideration of the expanded use of federal forfeitures is very important. Currently, federal forfeiture monies can be used for a variety of things to combat the drug war. However, salaries of drug task force personnel are prohibited, except new employees for the first year.

This puts many drug task forces in the position of having substantial federal forfeiture monies accrued from participating in joint federal-local drug investigations, but being unable to maintain their current personnel strength due to lack of enough state and local funding. This could put drug task forces in the position of having state of the art equipment to address the drug problems, but not the funding to provide an investigator for its operation.

My understanding is that U.S. Attorney General Gonzalez can expand the use of federal forfeiture funds to include that of the salaries of drug task force personnel that have been there longer than a year. This change may very well also be the difference between certain drug task forces surviving at their full strength or not at all. Since this change apparently does not require legislation, I would hope that it could be considered as one of the most expedient ways of allowing new funding for drug task forces. This change would not require more taxes or governmental funding, only a small change in the current policies involving asset forfeiture.

ONDCP-HIDTA

Our region has recently been designated part of the High Intensity Drug Trafficking Area (HIDTA) in Ohio. This Office of National Drug Control Policy (ONDCP) funded program has been very effective in our short tenure of promoting cooperation between local, state, and federal agencies. HIDTA also provides excellent training opportunities, investigative resources, and the ability to provide investigative deconfliction nationwide that foremost protects law enforcement officer's lives, while safeguarding major criminal cases.

I feel the continued full funding of this program is crucial if we are to continue to combat the drug problem in the United States effectively. The influx of crystal methamphetamine just adds another drug requiring total law enforcement cooperation involving an international substance of abuse.

Clandestine Lab Clean Up

We need the clean up program to continue to be well funded as we battle these clandestine methamphetamine laboratories. This money is crucial to many jurisdictions who otherwise would not be able to afford the clean up of these toxic chemicals generated in these working labs.

DEA Clan Lab Entry Team Training

Many jurisdictions, including our task force, have trained clandestine lab response teams, but most have not received the proper training on how to make a forced entry into these labs, when necessary. The Drug Enforcement Administration has the personnel to provide that training either at Quantico, Virginia, or within our own state. Entering methamphetamine labs is an extremely dangerous event, especially if the cooking process is ongoing. This makes training for these forced entry situations paramount to safeguard the officer, and innocent civilians that may be in the house or surrounding area.

Increased emphasis on this training, while funding drug task force personnel to attend, will help relieve the heavy burden on the DEA, while protecting state and local agents who find it necessary to make forced entries into methamphetamine laboratories.

Conclusion

Law enforcement continues to try and address the issues surrounding clandestine methamphetamine production in their jurisdictions. The efforts on clandestine meth require extensive training and equipment for law enforcement, and good intelligence on those who are producing this addictive substance. Continued education efforts are also vital, and are the key to identifying those responsible for these crimes. Continuing with current clean up programs for clandestine meth, along with forced entry training, would be welcomed.

The introduction of crystal methamphetamine has already started in Ohio, and will likely continue to grow, especially as new legislation will likely take place concerning the sale of pseudoephedrine products. Crystal meth is likely to be more potent, with bigger profit margins, and more overdose deaths. Crystal meth will need to be combated in much the same ways as law enforcement currently deals with cocaine and marijuana, also with a Mexico nexus.

Now more than ever, while Homeland Security needs make for strained drug enforcement budgeting, increased funding is needed for drug task forces. Money for personnel, overtime, equipment, and good training is paramount. The need is to restore grant monies to 2005 levels, and relax the federal forfeiture policies to allow us to pay for salaries of drug task force agents that may need to be laid off if relief is not forthcoming.

In addition, the best way I see to promote federal-local drug law enforcement cooperation producing excellent cases, is to continue the funding to ONDCP for the HIDTA's. HIDTA can be the glue that keeps the federal-local entities together working toward a common goal of reducing the influx of illegal substances into the United States, while arresting and prosecuting those responsible for its distribution.

Sincerely,
Commander John J. Burke
Warren County Drug Task Force

Mr. SOUDER. Thank you.
Mr. Grandey.

STATEMENT OF JIM GRANDEY

Mr. GRANDEY. Thank you, Mr. Chairman, and members of the committee. I appreciate the invitation to come here today.

And just as an aside, Congressman Cummings, I had a brother-in-law who did most of the architectural work for the revitalization of downtown Baltimore. And so I am familiar with your district as well.

Mr. CUMMINGS. Yes. We have representatives from just about all of downtown. Yes. Wonderful.

Mr. GRANDEY. As I indicated, my name is Jim Grandey. I am the Highland County prosecutor. My office is located in Hillsboro, OH. Highland County has approximately 44,000 residents.

I took office on January 1, 2001. Since that time, we have presented 193 methamphetamine-related cases to the Highland County Grand Jury, 27 in 2001, 45 in 2002, 54 in 2003, 52 in 2004, and 15 this year-to-date in 2005. At that same time, my total felony case load has increased from 129 cases in 2000 to 315 cases in 2004, and 203 so far in 2005.

We have had two deaths which were directly related to the manufacture of methamphetamine in my county. As has been stated here before, methamphetamine is beyond a doubt the most addictive drug that I have seen. Many times the defendant is arrested for manufacturing and/or possession, he bonds out of jail, and upon being served with the indictment is found to be manufacturing or possessing or using again.

We have had at least two defendants who were incarcerated in the State penitentiary, one for 2 years, one for 3 years. And shortly—I mean, shortly—after their release from the State penitentiary, they were indicted again for manufacturing. That is something you don't see in your other crimes.

Normally, if you would have somebody who commits a robbery, they will lay low for a while while you are prosecuting them. You may get them later later on, but with methamphetamine it is constant, and it is something that I know the other counties share as well.

In response to this phenomenon, Judge Hoskins of the Highland County Court of Common Pleas amended his bond schedule to increase the bond amounts for anyone who is indicted on a methamphetamine-related charge. This has kept the offenders in jail rather than out manufacturing, but it has created other problems.

One, it has increased the amount of inmates in our new county jail, which is overcrowded, and causing budgetary concerns for the county. Also, it shortens the try-by time in which my office must bring an accused to trial. Shortening the try-by time puts added pressure upon my office and upon the court to resolve the cases, along with the other cases which are pending.

In a county that only has one general division judge, and a felony prosecuting staff consisting of myself and one assistant, the increase in the case load and the shortening of the time to process the cases has put an extreme pressure on the criminal justice system.

In addition, very few, if any, of the defendants can afford to hire their own attorney. Thus, the cost of court-appointed counsel has increased in the county as well. In 2000, Highland County paid $175,752.78 for court-appointed counsel. In 2004, the county spent $314,582.12, and has paid $206,633.05 as of August 15, 2005.

This increase has been complicated because the reimbursement from the State has been reduced from 50 percent to 28 percent, and we are told it is going to be reduced down to 25 percent.

Some people may ask why there are so many cases in Highland County. First of all, we are rural. Second, there is an ample supply of chemicals necessary for production, especially anhydrous ammonia. And, in addition, the recipe for manufacturing methamphetamine is readily available on the Internet, and, believe it or not, in the local library.

What can be done to help smaller counties in their fight against methamphetamine? We need financial assistance to offset the increased costs of providing court-appointed counsel and housing those charged with methamphetamine-related crimes. It is my belief that the cost of court-appointed counsel should be paid from the State or Federal funds rather than from a local level.

From a non-monetary perspective, it is my belief that increased penalties with longer mandatory sentences would help. In addition, mandatory fines need to be made mandatory and not able to be relieved because a defendant claims to be indigent. He or she may be indigent today but may not be later on and should be required to pay all mandatory fines.

In addition, increasing the try-by times for methamphetamine-related crimes would be a help. With the 3 to 1 ratio that we have now, those defendants who are in jail need to be brought to trial within 90 days. Increasing that just to 120 days would be a help to my office.

There has been talk this morning about taking Sudafed and other products, putting them behind the counter. I am not opposed to that. However, as you have heard before, that does not prevent the manufacturers from obtaining these products. It may be an inconvenience for them, but they will still get it.

What it does do, though, is you and I as consumers, it puts an added burden upon us. We have had some pharmacies who restrict the amount of packages you can buy. My secretary buys three different kinds for her family, and the pharmacy she goes to won't sell her three. So she has to go back. I applaud their efforts, but I am not sure that is going to keep the manufacturers from getting the products.

Any help that this committee and the Federal Government can do to help us not only with the financials, but also in the enforcement that we have heard about this morning, would be greatly appreciated. And I know every small county here in Ohio is more than willing to work with you to try to seek a solution to this problem. I know it has put an extreme burden upon my office.

Thank you.

[The prepared statement of Mr. Grandey follows:]

TESTIMONY OF JAMES B. GRANDEY BEFORE THE GOVERNMENT REFORM COMMITTEE'S SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

AUGUST 23, 2005

My name is Jim Grandey. I am the Highland County Prosecuting Attorney and my office is located in Hillsboro, Ohio.

I thank the committee for the invitation to appear before you to discuss the growing epidemic of methamphetamine abuse and trafficking and its effect upon local governments.

I took office on January 1, 2001. Since that time we have presented 193 methamphetamine cases to the grand jury of Highland County, 27 in 2001, 45 in 2002, 54 in 2003, 52 in 2004 and 15 to date in 2005. This represents 15 per cent of the 1279 total cases presented. Methamphetamine abuse has had a tremendous effect on Highland County not only in terms of manufacturing cases but also in crimes committed by meth users. The yearly felony case load has risen from 129 cases in 2000 to 207 in 2001, 233 in 2002, 321 in 2003, 315 in 2004 and 203 so far in 2005.

We have had at least two deaths which were directly related to the manufacture of methamphetamine.

Methamphetamine is beyond a doubt the most addictive drug I have seen. Many times, a defendant is arrested for manufacturing and/or possession, bonds out of jail and upon being served with the indictment is found manufacturing and/or using again. Normally, a person who is accused of a crime would at least cease the criminal activity until after the case is concluded. You may arrest that person again later on, but rarely while the case is pending. This is not the case with methamphetamine users. Since several of our manufacturers are currently in prison this might explain why we only have indicted 15 cases so far in 2005. We have had at least two defendants that were incarcerated for two to three years and shortly after their release were indicted again for manufacturing.

In response to this phenomena, Judge Hoskins of the Highland County Court of Common Pleas has amended his bond schedule to increase the bond amounts for anyone indicted on a methamphetamine related charge. This has kept the offenders in jail rather than manufacturing but it has also created other problems. The number of inmates in the County Jail has increased causing budgetary concerns for the County, and it has shortened the try by time in which the accused must be brought to trial. Shortening the try by time puts added pressure upon my office and upon the Court to resolve the cases along with the other cases which are pending. In a county that only has one general division Judge and a felony prosecuting staff consisting of myself and one assistant, the increase in the case load and the shortened time to process the cases has put extreme pressure upon the criminal justice system. In addition, very few, if any, of the defendants can afford to hire their own attorney. Thus the cost of court appointed counsel has increased for the county as well. In the year 2000, Highland County paid $175,752.78 for court appointed counsel which included fees for a capital murder case. In 2004 the County paid $314,582.12 and has paid $206,633.05 as of August 15, 2005. This increase is compounded by the fact that 50% of the cost of court appointed counsel is to come from the State yet the county is only receiving 28% reimbursement currently and has been informed that future reimbursement

will be reduced to 25%. Although perhaps not all of this increase can be attributed to methamphetamine use, it is my belief that a substantial part of the increase is attributable to the number of methamphetamine cases.

Some may ask, why is there so many cases in Highland County. First of all, being a rural county provides many hard to reach areas for methamphetamine manufacturing to take place. Secondly, there is an ample supply of chemicals necessary for the production of methamphetamine especially anhydrous ammonia. In addition, the "recipe" for manufacturing methamphetamine is readily available on the internet and at the local library. Unfortunately, the persons who are manufacturing methamphetamine have been able to simplify the process so that a lab can be set up anywhere including the back end of a car. One of my greatest fears is that someday we will have a collision in the middle of Hillsboro or Greenfield involving a vehicle in which a mobile meth lab is located. The potential danger, due to the volatile nature of the chemicals being used, to the general public from such a collision is tremendous.

What can be done to help the smaller counties in their fight against methamphetamine? We need financial assistance to offset the increased cost of providing court appointed counsel and housing those charged with methamphetamine related crimes. It is my belief that the costs of court appointed counsel should be paid from State or Federal funds rather than from the local level. If nothing else, if we would be able to recoup the percentage of costs related to representing methamphetamine defendants this would greatly help. In addition, the smaller counties need help in covering the increased costs of holding these defendants in the county jail and other expenses incurred by law enforcement in their attempts to curtail this activity.

From a non-monetary perspective, it is my belief that increased penalties with longer mandatory sentences would be a help. In addition, I would request that mandatory fines be made mandatory and not able to be relieved because a defendant claims to be indigent. He or she may be indigent today, but may not be later on and should be required to pay all mandatory fines, since the criminal element has created the problem they should help pay for the solution. I would also seek that the speedy trial time be increased for methamphetamine cases. Since the current three for one ratio applies to defendants who are in jail, we must try these defendants within 90 days of their arrest unless the time is tolled for such things as the defendant asking for a continuance. The ability to be able to try these defendants within 120 day of there arrest rather than ninety would at least take some of the pressure off of the trial docket.

Some have suggested that taking any product that contains pseudoephedrine off the shelves of stores and putting it behind the counter would slow the increase in methamphetamine production. This has been tried by a number of stores as well as those which limit the number of packages a single person can purchase. Although this has made it more inconvenient for those who seek to manufacture meth, it has had little, if any, impact on the actual criminal activity. In fact, the person most inconvenienced are the general public who have a real need.

Again, I would like to thank the committee for the opportunity to appear here today. The problem of methamphetamine abuse and manufacturing did not happen over night and neither will the solutions. It will take the efforts of many people, and the cooperation of all levels of government to solve this problem. Any help that this committee can be in assisting local governments in their battle against this criminal activity will be appreciated and I know that local governments will be committed to working with you towards a solution.

Mr. SOUDER. Thank you.
Commissioner Riley.

STATEMENT OF RANDY RILEY

Mr. RILEY. Mr. Chairman, members of the committee, as County Commissioner, I am delighted to be here today representing Clinton County, a traditional rural county which is currently going through the leading edge of what is anticipated to be a very significant growth period.

The city of Wilmington, the county seat of Clinton County, has been designated as a micropolitan area with a population of over 12,000 people. The remainder of the county is compromised of seven incorporated villages, ranging in size from just a few hundred residents to well over 4,000. There are 13 townships in Clinton County. The total population of the county is just over 40,000 people. Almost half of the county residents live in the townships outside of the incorporated areas.

Clinton County, because of its location and transportation infrastructure, is a rapidly growing area. Several industries and businesses have recently moved here. We anticipate significant growth in the next few years. With the anticipation of population growth also comes an anticipated growth in crime.

Methamphetamine use in Clinton County has already reached the crisis level. Law enforcement officials throughout the county are spending a considerable portion of their time dealing with the consequences of the ever-growing methamphetamine problem.

But the problems surrounding the increased use of methamphetamine in this rural community go far beyond law enforcement. Lives that could be active and productive are being lost to this insidious drug. Children whose parents are caught up in the methamphetamine trap are abused, neglected, and are being raised in an extremely dangerous environment.

Meth is called "poor man's cocaine" for a good reason. The ingredients are available locally, and it is not difficult or expensive to make.

When discussing the most highly addictive, life destroying drugs, most people generally think of heroin and cocaine. Now, we must add methamphetamine to that short list. But there is a big difference.

Heroin is not grown in North America. The poppy fields of southeast Asia are half a world away. Efforts to halt the growth and distribution of heroin are ongoing, but those efforts are taking place far from Clinton County.

Cocaine crops from South American countries certainly find their way to the United States, but the growth and initial production of cocaine takes place a continent away. Efforts to halt the growth and distribution of cocaine are ongoing, but those efforts are taking place far from Clinton County.

However, with methamphetamine, we have an entirely different, more complex, and much more devastating problem. We know that most of the large, bulk production of methamphetamine takes place in Mexico and the southwestern portions of the United States. The drug is then shipped and distributed to addicts around the country.

Bulk production is certainly a problem. But in this area it is the small "Mom and Pop" cookers who are wrecking havoc with the lives of our citizens.

Unlike heroin and cocaine, which comes from distant countries, everything you need to make methamphetamine is available right here in Clinton County. Gentlemen, within a half a mile of where we sit, I could find everything I would need to start a lab, make enough meth to get high, and have enough meth left over so I could sell it to make enough money to start making another batch.

You can even go to the Internet, select a search engine, type in "How to Make Meth," and you will find on the Web site a method, a prescription, a recipe that very clearly describes two different methods of methamphetamine production. There is even a frequently asked question section for cookers who might be having problems.

I have spoken to law enforcement officials and pharmacists about this situation. One solution keeps coming up. We have to make it more difficult to get the ingredients. Ephedrine and pseudoephedrine must be more difficult to obtain. There needs to be a tracking system to find out who is buying ephedrine and pseudoephedrine, when it is being bought, where they are buying it, and where these folks live.

When it is discovered that one or two people who live with or near each other are all buying ephedrine and pseudoephedrine, we must be able to take legal action. And, very importantly, we must be able to protect the children who live in these highly dangerous environments.

Methods must also be explored to see if ways can be found to track the other highly toxic ingredients which are also readily available in our community.

In conclusion, gentlemen, methamphetamine, besides destroying the lives of users, is also destroying the lives of innocent children and has become a major law enforcement problem and societal problem right here in Clinton County. We welcome any help you can give us in dealing with this problem.

Thank you.

[The prepared statement of Mr. Riley follows:]

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August 23, 2005

Investigative Hearing before the
The Government Reform Committee's
Subcommittee on Criminal Justice,
Drug Policy and Human Resources

Testimony of Randy Riley, Clinton County Commissioner

Presented before the Committee at Wilmington College

Mr. Chairman and members of the committee, I am delighted to be here today representing Clinton County, OH; a traditional, rural county, which is currently going through the leading edge of what is anticipated to be a significant growth period.

The city of Wilmington, county seat of Clinton County, has been classified as a micropolitan area; with a population of over 12,000 people. The remainder of the county is comprised of seven incorporated villages, ranging in size from just a few hundred residents to well over four-thousand people. There are thirteen townships in Clinton County. The total population for the county is just over forty-thousand. Almost half of the county residents live in the townships, outside of the incorporated areas.

Clinton County, because of our location and transportation infrastructure, is a rapidly growing area. Several industries and business have recently moved here. We anticipate significant growth in the next few years. With the anticipation of population growth, also comes growth in crime.

Methamphetamine use in Clinton County has already reached the crisis level. Law enforcement officials throughout the county are spending a considerable portion of their time dealing with the consequences of the ever growing methamphetamine problem.

But, the problems surrounding the increased use of methamphetamine in this rural community go far beyond law enforcement. Lives, lives that could be active and productive, are being lost to this insidious drug. Children whose parents are caught-up in the methamphetamine trap are abused, neglected and are being raised in an extremely dangerous environment.

Meth is called "poor man's cocaine" for good reason. The ingredients are available locally and it is not difficult or expensive to make.

When discussing the most highly addictive, life destroying drugs, most people generally think of heroin and cocaine. Now, we must add methamphetamine to that short list. But, there's a big difference.

Heroine is not grown in North America. The poppy fields of Southeast Asia are half a world away. Efforts to halt the growth and distribution of heroin are ongoing, but those efforts are taking place far from Clinton County.

Cocaine crops South American countries certainly find their way to the United States. But, the growth and initial production of cocaine takes place a continent away. Efforts to halt the growth and distribution of cocaine are ongoing, but those efforts are taking place far from Clinton County.

However, with methamphetamine, we have an entirely different, more complex and much more devastating problem. We know that most of the large, bulk production of methamphetamine takes place in Mexico and the Southwestern portions of the United States. The drug is then shipped and distributed to addicts around the country.

Bulk production is certainly a problem, but in this area it is the small "mom and pop' cookers that are wrecking havoc with the lives of our citizens.

Unlike heroin and cocaine, which comes from distant countries, everything you would need to make methamphetamine is available right here in Clinton County. *Within a half a mile of where we sit, we could find everything we need to start a lab, make enough meth to get high and enough to sell to make some money to make another batch.*

You can even go on the internet, select a search engine, type in "How to Make Meth" and you will find a website that lists all the necessary ingredients and in eleven short pages clearly describes two different methods of meth-amphetamine production. There is even a "Frequently Asked Question" section for cookers who may be having problems.

I have spoken to several local law enforcement officials and pharmacists about the situation. One solution keeps coming up. We have to make it more difficult to get the ingredients. Ephedrine and Pseudo ephedrine must be more difficult to obtain. There needs to be a tracking system to find out who is buying Ephedrine and Pseudo ephedrine, when they are buying it, where they are buying it and where they live. When it is discovered that one or two people who live with or near each other are all buying Ephedrine and Pseudo ephedrine, we must be able to take legal action and, very importantly, we must be able to protect the children who live in those highly dangerous environments.

Methods must also be explored to see if ways can be found to track the other ingredients, which are too readily available in our community.

In conclusion, Mr. Chairman, methamphetamine, besides destroying the lives of users, is also destroying the lives of innocent children and has become a major law enforcement and societal problem right here in Clinton County. We welcome any help you can give us in dealing with this problem.

Thank you.

Mr. SOUDER. Thank you. I am going to do something a little unusual. I would like—is David Priest still here? Could you come forward and get one of those chairs. We are going to swear you in.

[Witness sworn.]

Mr. SOUDER. Let the record show that he responded in the affirmative. Priest is P-R-I-E-S-T.

My understanding is that you have been a meth addict and are recovering. Could you just tell us a little bit of your story?

Court REPORTER. Excuse me, Mr. Chairman. Could you please move the mic closer to him? Thank you.

Mr. SOUDER. Will that work? OK. She does the court record. So when we do the record, hopefully we have an accurate representation. Getting a word turned around here or there can be very critical when you are dealing with this kind of issue. Thank you.

Let me know if you can hear.

I am going to have—Nick is our legal counsel for the committee. I need to have him describe, for your own protection, what you need to say and not say.

Mr. COLEMAN. I am not your attorney, but I can tell you, obviously, you are testifying under oath. You do not have to testify as to any illegal activities that you may have participated in for your own legal protection. Obviously, that is your choice to make, but I just want to make sure that you are aware that you don't have to testify specifically about any illegal activities that you yourself participated in.

Just so you are aware of that. Your choice.

Mr. TURNER. Mr. Chairman, if I could just add, Mr. Priest, from what I understand, you have very compelling testimony for us on the personal impacts and effects. And I just wanted to make certain that you were aware that being under oath any testimony that you would provide—that you would not be required to provide about manufacture or sale of meth.

Since it would be testimony that you would be giving under oath, it would have criminal implications for you. But we don't want that to inhibit your ability to tell what is an incredibly important personal story, but did want you to be aware of that.

Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. I am not an attorney, but it sure sounded scary to me. [Laughter.]

Thank you for being willing to talk to us.

Mr. PRIEST. Meth was very attractive to me, because at the time I liked to speed and try it, and it lasted so long. It is like a 3-day type of thing, so it would be like a speed buzz for 3 days. That attracted me to it.

But then, instantly the group of people that were doing that, I saw them starting to lose their minds, and I wanted to get away from it. And it was almost impossible. It was like the only way to get away from it was to cut them off, get them away from it, because they were—they cooked. They were making it themselves.

And I don't think we are getting as much imported here as—I mean, that is not the root of the problem, in this small community anyway. I think most of it is manufactured around here. I have wanted to quit almost from the time that I did it, and the easiest—

the only way to do that was to discontinue going around those people at all.

Mr. SOUDER. How is it different than other—anything else you have ever taken on yourself? And why was it harder?

Mr. PRIEST. Harder to quit? You just—it is part of the addiction thing. You justify it a hundred ways, and it was so much easier to justify. It was part of——

Mr. SOUDER. Did you think about it all the time? Did it impact your ability to work or your family?

Mr. PRIEST. Yes. I thought I needed it to make it, to get up the next day, you know, to get moving. Yes, and I destroyed my entire—everything. It tends to make you want to tweak, like try to make things better than they were. And what you end up doing is destroying what you have, and, you know, I pretty much had to dig a hole. I was at the bottom.

I couldn't get anywhere, and finally that is when I—actually, I left the State for about 3 weeks or so just to get those guys to realize it. Don't even want them to come visit me anymore, because it was like I wanted to quit, and it just kept finding me. And I am sure that is an excuse, that is justifying it, whatever. That is just how it went.

And the rehab programs, I tried those. That didn't work. I don't know that those programs could really help someone that was addicted to it.

Mr. SOUDER. Do you think it is hard to find here?

Mr. PRIEST. No, it is so easy to find here, because everybody is cooking it. It is hard to find someone that don't have some association.

Mr. SOUDER. Do people teach each other how to cook it, or how do——

Mr. PRIEST. Yes, that is what happens. A guy sees he is about ready to get caught, because, I mean, of course they always think you are about to get caught. But, so then he shows somebody else, so one guy gets taken down, and then two more come up.

But I have noticed just from today—that is kind of why I came here, I wanted to see how things were going. They are doing a lot better. It is not as bad as what it was 2 years ago when I quit.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. OK. Do you have children?

Mr. PRIEST. I just had one 11 months ago.

Mr. CUMMINGS. And this is—I mean, when you were using it, did it make you feel like—I mean, like you didn't care about keeping a job and things of that nature? And I take it that you feel like you have already beaten the habit, is that right? Do you believe you have?

Mr. PRIEST. As long as I stay away from—I don't want to ever go around anybody that does it again. I mean, I have beat it, yes. I know what it does. I know where I will end up if I go back. And, yes, I feel like I have beat it, but you can never say, "Well, I have beat it good enough to do it one time" either, you know? I have been through multiple rehabs. I do know how all that stuff works. And one time, you know, it would turn into again, the same thing.

So I can't say I have it beat. I don't think anybody could ever beat an addiction.

Mr. CUMMINGS. I know you are not here for this purpose, but you hear—have you heard any of the testimony of these officers?

Mr. PRIEST. Yes.

Mr. CUMMINGS. Oh, good. Good. You know, I mean, and I know you are concerned about other people being involved in this, and these officers have talked about how, you know, even their lives and their men and the women that serve—their lives are on the line. And I will tell you, on my way here last night when I was driving through this rural area, you know, I thought about years ago how in Baltimore crack cocaine had gotten—and cocaine had gotten to be such a problem.

And then, the next thing you know time goes on, and the next thing you have are generations. The grandfather is in jail, the father is in jail, and now the son is in jail. And I saw some of that. And so, I mean, how do you think—I mean, knowing what you know, is there a good way to try to help people not get addicted, No. 1, and try to stop these folks from—it sounds like you have—you are talking about a whole string.

You know, you said one person is cooking, he thinks that these guys are right on his trail, so he calls up his buddies and says, "Well, look, you know, I want three of you all to come over, because I am just about to go down so the three of you all, you do it," and the next thing you know it just doesn't stop.

I mean, how do they address this? And how would we address it as a neighborhood, do you think, so that you don't get to that point where, like I described in Baltimore, we have generations, and that child has a baby less than 1 year old? You know, so your child doesn't end up where—doesn't have to go through what you went through. Do you follow me?

Mr. PRIEST. Yes. That is kind of why I am here, to see——

Mr. CUMMINGS. But I know you don't want to——

Mr. PRIEST. Yes, I wanted to see—that is why I am here. I wanted to see how you guys were working toward getting it that way. I think—I mean, of course, everybody thinks this—that Sudafed is—pseudoephedrine, whatever it is, that is the biggest problem with it. I mean, it is the people doing it, really. But if that was gone, it would be so much harder, and it would all be imported, and it would be a whole—it would be down with the cocaine. Cocaine has always got to be brought in.

And with the methamphetamines, I can see it coming as people getting killed by—like I heard somebody's testimony there, how many guns were in there that were ready to be fired at that time. And I have seen it on the news also. People have come out shooting from—about to get their—I think that happened in Highland County maybe 3 or 4 years ago.

It is going to progressively get worse, I mean, and it is getting worse already. And this is already in these people's minds, and it is just like it is going to happen sooner or later, and it already has several times. Being in a small town I guess is just——

Mr. SOUDER. In looking at the so-called home-cookers, which are different than the crystal meth, and often totally different people, and looking at the pseudoephedrine question at pharmacies, which we have been kind of going around about today, would the people you know—do any of them use the Internet?

Mr. PRIEST. Use what?

Mr. SOUDER. The Internet.

Mr. PRIEST. Yes. Actually, a lot of them learned it from there.

Mr. SOUDER. If they learned it from the Internet, and we restricted that to pharmacy, why wouldn't they just order the pseudoephedrine on the Internet?

Mr. PRIEST. I just—actually, I just learned that today. I didn't know that was even possible. That kind of ruined that whole——

Mr. SOUDER. Do you have any friends up in Fort Wayne, which is farther north—we have whole bus groups that go across to Canada to bring pharmacies in, and the laws wouldn't restrict bringing Sudafed, where obviously whole groups of people go back and forth all day. And in the southwest United States, you see at each border crossing rows of pharmacies and people going back and forth all day within the limitations of what they can bring back in drugs.

Do you believe the people are desperate enough in your area, who you know, that they would find that?

Mr. PRIEST. I don't think they have the resources. They have dug theirselves holes. They are at the bottom of it, and they can't afford to get there to get it that way, actually. There is a lot of that, but there is also the bigger—like you were talking about, the glass or the ice or whatever, that is imported.

Mr. SOUDER. It is a fascinating sub-question, because I believe for much of the market they would adjust. But it may be that, like you say, that the home-cookers are a unique subgroup that we actually could control through a different program targeted at the local pharmacy distribution, because if they are disconnected and not into the normal networks, and don't have resources—of the people that you have known, without getting names or implicating anything, would you say that in their patterns, do they worry at all about their kids?

Mr. PRIEST. Their kids? No. Actually, they are sitting there worrying about the law.

Mr. SOUDER. When we do a cleanup of a site, one of the things that we don't do, we get all the chemicals out, but the house is still dangerous. Is there any kind of discussion, or have you ever heard anybody discuss like, "Hey, what is this stuff going to do to the people around me?" or that kind stuff?

Mr. PRIEST. They just don't care. They have a one-track mind, and that is, is the law watching me?

Mr. SOUDER. Do most of the people have jobs?

Mr. PRIEST. No. Actually, they lose their jobs within—I think maybe people might make it 6 months with a job. But once you get in one of those groups, I mean, they are actually cooking it right there, and it is just—you just don't—you lose your whole——

Mr. SOUDER. Do they drive a car?

Mr. PRIEST. If they can get one.

Mr. SOUDER. Do they drive it when they are high? I mean, can you—at what point does it become you are just——

Mr. PRIEST. With me, it was a problem. I couldn't do that. I actually got dizzy on it. But——

Mr. SOUDER. So would you still try to drive or——

Mr. PRIEST. I wouldn't, no.

Mr. SOUDER [continuing]. People coming down the road?

Mr. PRIEST. I know other people would, yes. I have seen several people drive in and drive out, and they have driven out after 3 days of——

Mr. SOUDER. One of our challenges is we have drunk driving laws, but we don't have very good drug-induced driving penalties, because if you are driving in that condition you are endangering everybody else on the road around you. Do you know anybody who has had fires?

Mr. PRIEST. Yes, several places——

Mr. SOUDER. Or blowups.

Mr. PRIEST [continuing]. Has burnt. Yes.

Mr. SOUDER. Does that tend to sober them up at all about it, or does it——

Mr. PRIEST. No. I don't know how to knock sense into them, really, to be honest with you.

Mr. SOUDER. Were any of the people that you know related to biker gangs? Is that a——

Mr. PRIEST. Actually, you know, one of them from Missouri actually, he came down and that is pretty much what brought a whole group that is still out there, still free. They are out of Missouri, but they don't have the money to be able to go get the drug, the ephedrine, anywhere else, or Sudafed, whatever you call it.

They don't have the capability of going to get that somewhere else. They have Wal-Mart, wherever—you know, like gas stations has a——

Mr. SOUDER. Because they are broke because they have lost their jobs already, basically.

Mr. PRIEST. Yes.

Mr. SOUDER. They don't have many assets.

Mr. PRIEST. All they can do is sell what they are making.

Mr. SOUDER. Is it like crack in the sense of every city that has had crack will move to abandoned houses or different places if they—do they get desperate enough that they will look for——

Mr. PRIEST. I haven't seen that in the small towns. Actually, yes, in the rural areas, it is more like a camper out behind the house.

Mr. CUMMINGS. Mr. Chairman, I am going to have to leave, unfortunately, to catch a plane, but I just want to, first of all, I want to thank you for what you are doing. I want to thank all of you all for your testimony. And I really do—I mean, you have sat here and you all have said—you thanked us, but we thank you. We really do, because, you know, when I go to, sadly, to the funerals of police officers, it becomes so clear to me what you all go through in law enforcement. You don't know whether you are going to come home.

And then, when we get testimony like what you just said, you know, you can find yourself in a situation where you are harmed, and the person who harmed you, you know, they are not even in their right mind at that moment.

And we are committed, along with Representative Turner, to do everything in our power to assist you. And the testimony has been very helpful. Believe it or not, I have heard a lot of testimony, but I have learned some things here that I had not heard before.

And we are all working together to try to make a difference, and so I just want to, again, thank you, and I want to thank you, too.

But I want to leave you with a message, and it is really simple. That we can solve our neighborhoods' problems by all of us working together, and that is why your testimony is so important. These officers, they are just trying to keep people like you, your wife, and your neighbor safe. That is what—they eat it, they sleep it, that is all they—I mean, that is on their minds all the time. That is what they do.

And so by you trying to help us in any way that you can, we really, really do appreciate it. And so, thank you all very much.

Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. Mr. Turner, do you have—I have some law enforcement questions. I will yield to you next to see if you have questions first, and then I will do some final.

Mr. TURNER. Thank you, Mr. Chairman. I want to thank each of you for everything that you do every day in your communities, for law enforcement, for making certain that you have safe communities.

And, Mr. Priest, I appreciate your bringing forth the message that you had today of getting the message out that this drug destroys lives. So thank you for what you have shared.

I want to ask you, our panel members, what can we do better in the area of communication? Because one of the things that just strikes me, and what I am hearing from you, not just the epidemic and the numbers which are extraordinary, but that this is different than anything we have dealt with before.

Commissioner, when you talked about how this is made and the access, you know, that certainly is an important issue, its readily available nature. The dangerousness of this drug, the fact that this drug will absolutely ruin lives, is a message that I don't know that it is getting out. And what do you think that we can all do together to make that more clear, so that when people know that they are facing this drug that they are facing a decision that really is a preservation issue for their lives?

Sheriff Vore.

Mr. VORE. Obviously, a public education program that can be funded and put out across the Nation would be helpful. But, you know, something radical that, you know, I have been thinking about for actually, about a year, ever since meth started to really come to the forefront in our county, is—and the gentleman testified down there that he was in rehab. How many times were you in rehab?

Mr. PRIEST. Probably about four times in my life.

Mr. VORE. And that has been my experience, that meth is one of those things doesn't react to rehab like, say, some of the other drug addictions, because it just envelopes you. It takes your whole life over.

You know, maybe it is time that we have some forced treatment programs for individuals who are caught using meth. And a lot of times they get put on probation, and then they go out and do community service or something of that nature. And maybe we need to get drastic here, because for the users they have to have some hope coming down the road. I mean, we have all seen the pictures in Time. We have heard the testimony here. If it gets to a point,

then there is no point of return, and I think that is what we have to get out there and that is what we have to stop.

And quite honestly, though, for the cookers and for the manufacturers, I think there has to be some lengthy, mandatory terms in prison to where you are removed from society, and you can no longer participate in the activity. So it is going to be a—like a two-pronged attack. Actually, a three-pronged attack with the education end of it.

And I think this is something that—you know, we always talk about being tough on the war on drugs and stuff. But if we don't get tough on this, in 10 years this is going to make crack look like candy.

Mr. TURNER. Sheriff Fizer, I know that in Clinton County you guys have made an effort to communicate. How is that going, and what can we do better?

Mr. FIZER. We have actually had some pretty good success, I believe, and I guess I agree with Sheriff Vore. Something nationwide would be great, or if we could even go from the States down to the local sheriff's offices to start organizations and mainly make the parents aware, which this Coalition for a Drug-Free Clinton County—it is a lot of—one of their main things, too, is to get the parents involved.

We are already teaching the kids in schools the dangers of it, but the parents, because a lot of them are busy working, they don't take the time to know where their kids are at, and a lot of them is, "What is this meth stuff that I read in the newspaper?" There are still a lot of them that doesn't even know about it, which is surprising in the community, but—so that is what we are trying to do, and I would like to see more of that.

I think if we educate them enough—we have township trustees that we went and gave talks to, and showed them the propane tanks, and—because we have a lot of—we refer to them as mobile meth labs. We get those also, and they have actually seen some of this in the ditch lines and didn't know what it was.

So it is—we have had a lot of success thus far. We just would educate everybody that this is what is out there. And like I said, we are busting them right and left, but we are only doing it because the community is participating. They are calling in constantly.

Mr. TURNER. Sheriff Ariss, in your role with the regional perspective, are you seeing some best practices and some things that we need to do?

Mr. ARISS. Yes, sir, I think I have to agree with everybody else. There is a problem out there. We are fortunate in our area with having the drug task force, you know, in the county, and John Burke and his group, what they are doing right now.

And as I said earlier in my statement, that we ask for the participation, you know, within the county itself, you know, for funding to keep it going. And all of the villages and the townships and the county commissioners are funding it, so we have that buy-in early on. And selling it back to the community, John, with this new vehicle that he has purchased, it is a demo vehicle.

We can take it out into the field, around to different areas, and show them what is going on, and then working—again, we have a

rural area, working with our farm group and showing the farmers what they need to be alert of and what can happen. And just selling the program, which is what it is all about, selling the people and they have a buy into it.

And I think as Sheriff Vore has talked, we have to explain and show them that this is very important. But, again, if you are going to do it, you are going to make a cooker, you are going to be the manufacturer, you will have to pay the price. And it has to be sure they go to jail, and we have to have the combinations.

And locally it is tough for all of us, because we are all bursting at the seams and looking for bed space. But, again, there has to be a sure shot. If you are going to do these things, this is what the penalty is going to do, just like the nun did when we were in grade school. You know, if you stick your hand out there, you are going to get knocked.

But, again, it has to be sure, you know, what is going to be effective at the same time.

Mr. TURNER. Any other thoughts?

Mr. BURKE. Yes. You know, we have done a lot of awareness and education, and what it does is—and it ultimately looks like a bad thing, is it will increase your meth labs, because there is a lot more of them out there than we are finding. And what happens is when you increase the education, the citizens get involved, which you mentioned before is so important.

And they start to smell odors in their neighborhood, and they call the police, and hopefully we have educated the deputies and the other law enforcement and they realize what it is. And this has happened over and over again, so you get more of them, but that is not a bad thing because you are finding those that you didn't find before.

The other thing I think is, it kind of sounds simplistic, but we just need to all really stay on this problem. I mean, we cannot back off of it one bit. As I told you, with Cincinnati, I saw the heroin problems in the cities. And if this goes as big as the heroin problem went, it will make heroin look very small compared to this meth problem.

I mean, it is cheaper to make, it is a much longer high, there is paranoia involved, there is extreme risk for—I think it was mentioned, people that would normally not ever shoot a police officer may very well shoot somebody while they are under the influence of meth. And so the concerns and the issues, or a fire person or whoever happens to be around the property.

So, you know, education is crucial, but so is staying on this and convicting folks that are manufacturing and somehow trying to find I think better rehabilitation, because my understanding is there is like a 6 percent successful rehab rate across the country for meth, and that has to get a lot better.

Mr. TURNER. Mr. Grandey, as you pursue prosecutions, are the stories of what is happening in these people's lives being able to be told, so that others can know the dangers?

Mr. GRANDEY. Well, let me give you an example of that, and this is what makes meth so baffling to me. We had a young man who we sent his father to prison for manufacturing, we arrested his

older brother for manufacturing, and just prior to his trial he committed suicide in jail.

This young man we didn't think was a manufacturer. Shortly thereafter, he was arrested for manufacturing. Nice kid, worked hard, but he got involved in the same thing his family was.

In trying to help him, he was sent to the Star Justice Program, which is a lockdown rehabilitation program. This young man was an absolute poster child for that program. He would go out with the director to Rotary Clubs and Lions Clubs and tout the benefits of the Star Justice Program.

I think it was 3 months after he was released from that program we indicted him again for manufacturing. That is what baffles me about this, the addictive nature of it.

Mr. Priest says if you get back around these people, you are right back into it again. And I don't know how you deal with that. I know my sheriff and his deputies have gone out and given educational programs to the schools, parents groups, trustees, farm bureaus. And like Commander Burke said, yes, people became more alert, and we have gotten more labs, but the people who are involved in doing this, I don't know how you reach them with this, you know, and you keep them from starting, because I have never seen anything.

I spent 10 years in the system prosecuting before I got elected to my current position, and I have never seen anything where people who—and, you know, a lot of them really want to quit and just can't do it, and they fall back into the same trap.

It increases problems, you know, for my health department, because somebody says we have a house now that is contaminated. I have health department issues that I have to deal with as the county prosecutor. I have domestic violence charges, I have neglect and dependency charges, you know, which all just mushrooms as far as the prosecution.

I mean, it affects every aspect of everybody's life. And it just baffles me that those people that I have seen who I believe honestly want to quit, and as part of our sentencing recommendations was treatment, would successfully complete that—I mean, as far as, you know, everybody that is in the program, I mean, they have successfully kicked this habit and they are ready to go back into society, and within a short period of time they are back in my system again.

And it is just so frustrating, because, you know, part of my job—yes, I am a prosecutor, but part of my job, I believe, is quite frankly to do justice. And if that is helping somebody and their family by making a recommendation of treatment, or whatever, I am willing to do that, and take the criticism that sometimes comes with that. But it is so frustrating with methamphetamine users. We just don't get there.

And hopefully through all of these discussions somebody will come up with a solution for that, but it just baffles me in dealing with it.

Mr. TURNER. Commissioner, I know your county, Clinton County, has been very active in trying to get the word out, working in the schools and the community. What more do you think we need to

do, or can do? Because it clearly is a message of, if you start this drug, you will ruin your life.

Mr. RILEY. As was mentioned a moment ago, we can't give up. We have to keep plugging away and giving the same message and being very consistent with the message. Anything that we can do to limit the availability of the components I think we have to do it.

In getting ready for this, I went to several of the pharmacies in town. Most of them had the ephedrine and pseudoephedrine products back behind the counter. But I happened to get one of my wife's prescriptions filled yesterday, and I turned to my right and there were several blister packs of Sudafed right there. I could have, if I had wanted to, I could have grabbed probably 24, 30 of them, and been out the door. So it is still available.

I think we need to do everything that we can to make it unavailable. And it is becoming more and more pervasive. Right here in Clinton County I have heard township trustees referring to a small village as "meth land." It has become that well known in that area, and the sheriff is doing all that he can. But it is so insidious and there are so many of them, and, as Mr. Priest said, one cooker will teach two cookers, two of them teach two more cookers, and the next thing you know, with that geometric progression, the problem grows more rapidly than we would ever have thought.

I have learned things here today that have shaken me, and I have lived in this community my entire adult life, and I know that there are things going on that are horrendous and are devastating to people's lives. We cannot give up on the hope that we can do something good about this, and I think we have to give that hope back to people.

What Mr. Priest has done I think is extraordinary. My understanding from what I have heard is that this is one of if not the most highly addictive substances that people will start using. They continue to want to chase that high, that 3-day high that Mr. Priest described. You know, they can go into rehab, they come out of rehab or they come out of prison and they immediately want to get that high back again.

I applaud Mr. Priest for having the guts to separate himself from those people, if that is what it takes. But that is an extraordinary example, and, unfortunately, most people can't do that.

Education and limitation of the ingredients, and basically it goes down to what was said earlier, we just can't give up whatever effort on whatever front it might be to try to educate, limit, and try to treat these people and give them the hope. And, of course, law enforcement is still going to be a vital, vital key in that limitation.

Mr. TURNER. I want to thank all of the panel members for both the preparation time that you have taken, the time that you have taken today to help this committee as they have been putting together a national record on this issue, so that they can look for national and Federal policy. And I want to thank you for everything that you do at each of your communities, because you are making an impact on people's lives.

And I want to thank the chairman. I know, Chairman Souder, you have additional questions. I do not, so at this point I just wanted to take an opportunity to thank you again. You have stepped

out of Washington, and you have stepped out of your district and taken your time to be here, so that each of these stories can be told and be part of your record. And you certainly have been a leader in looking for national solutions.

And your passion that you have for this is just so obvious and appreciated. So thank you for being here, and thank you for your attention to this. I think, as Mr. Priest has told us, this is destroying people's lives, and your efforts hopefully will save some.

Mr. SOUDER. Thank you. And thank you for bringing us to Ohio. This has been really informative, and your continued leadership in Congress and help with this as we try to move additional legislation this fall and finish up on our appropriations bill.

I have some very specific questions again. Does Ohio have a drug endangered children law or program? Are any of you familiar with that? Or, Mr. Grandey, you wouldn't look at—in other words, off in California, the first meth hearing this committee held, it was before I was chairman, came off of a case where—there were several cases, one where the meth parents put their kids in a stove to warm them up and cooked them to death. There were some explosions, and it led to a child endangered law, which California has the oldest, which is an additional tool for prosecutors and also for courts to remove the children.

Mr. GRANDEY. We have a child endangerment statute, as well as neglect and dependency.

Mr. SOUDER. Related to meth, it would be if you are cooking at home, you automatically become subject to——

Mr. GRANDEY. We don't have anything specific as to meth. It is one factor that goes into that, and one of the factors that my Children Services Board can use to file a neglect dependency endangerment charge in order to remove the children. But as far as enhancing any type of penalty against the parents, the penalty for child endangering is less than we had for the manufacturing or the possession, so that normally doesn't even get filed.

They are looking at, you know, a stiffer sentence on the manufacturing or the possession, or whatever. But it is a tool that we can use, and my juvenile prosecutor can use, to remove the children, place them into foster care.

Mr. SOUDER. So if I can ask a technical legal question, in trying to draft—if we do a national effort, although the furthest would be done at the State level, that—you talked about the additional laws. The advantage of having it be an automatic that can be invoked is that you wouldn't have to establish—in other words, if you have to—if the penalty is short, we are finding in a lot of meth laws around the country, and even as we—this is a side point, but this illustrates our challenge.

As we look at the illegal immigration on the border and the terrorists on the border, the drug people coming across the Mexican border, one of our subpoints in Homeland Security is what we call OTMs, other than Mexicans, because they can't be deported back to Mexico. So we bring them here and we release them into the United States.

Part of the question is who is running these? What we have learned at one of our hearings, the people who run these groups, the penalties are so small that no prosecutor or U.S. Attorney

wants to take the cases, because the cost of preparing the case is so great for such a short term, penalty term. So it has inhibited our ability to control our border to some degree.

Well, some of this is the same thing. If you have to do a whole, long process to establish it for a short penalty—on the other hand, if it is, in effect, a bonus charge, when we talked about where it is an—you could automatically invoke it if there are children involved in the house, then you wouldn't have to do a long establishment, if you de facto determine and would add an additional penalty if there are children in the house. Is that feasible?

Mr. GRANDEY. We do have some enhancements if there are children in the house. I believe it raises the level of offense by one degree from a Felony 3 to Felony 2 if there are juveniles in the house. And I have used that, you know. And one of the problems that I have, quite frankly, is I mentioned the case load that we have, and, you know, like I said, I only have one felony assistant. And I have a lot of other things to do besides felony work.

We average—right now, we are having anywhere from 6 to 12 cases set for trial all on the same day. And, unfortunately, I don't like to do it, but unfortunately I have to. And then, a lot of times you are negotiating prison time, and sometimes these things get away.

Mr. SOUDER. It's one of the mythologies that we hear about sentencing in the United States, because this is everywhere in the United States, the bulk of the trials are being negotiated. So, therefore, if you have gotten an actual felony conviction, you've probably been pretty high up the chain.

You hear all the time people are in prison for being convicted just for marijuana use. If you convicted them for marijuana use, I don't know very many prosecutors who do that. What it is a negotiated sentence down to marijuana use, because that was the easy one to get, and the news media has done a terrible disservice on who we're locking up, because most of these are negotiated bonds.

If I can mention one other thing that we are—it came up yesterday, and it is a big challenge for conservative Republicans, because we have really stressed strong families. And surrounding family rehabilitation, and that type of thing. I want to ask Mr. Priest a quick question. Did most of the people that you know who worked with us, were they married?

Mr. PRIEST. Yes, married.

Mr. SOUDER. Both husband and wife involved?

Mr. PRIEST. Yes.

Mr. SOUDER. But as we start to talk to a number of the judges, and in the prosecutors' office and the criminal rehabilitation and drug treatment people in Fort Wayne, one of the things that we thought was different is we usually think of alcohol abuse and other drugs as having an enabler in the family, and a user. And what seemed to be a little different in meth is this is a challenge to how we look at family rehabilitation when there is the whole family that is involved in it.

And we have to have a bias toward trying to put the kids back into the family, and we are going to have to look at family court and child endangerment questions, because putting the kids back into—because the kids can be functional in school.

It is going home to an environment that they can get blown up, and that this is a new part of the side part of meth that is becoming more into discussion, because it is a challenge to the bias and the structure of our family court, our rehabilitation, our foster care laws, because this is a different type of thing that we face in other drugs, because it is almost always, it seems like, that both parents are involved in the production. The Mom and Pop labs seem to be different than the crystal meth on this, too, which is an interesting variation.

Another question is: do any of your counties have Meth Watch? Are you familiar with that term? Why do you think that this hasn't been published more? None of you have ever even heard of it?

When people say, "I don't understand why we don't have a national strategy," this is part of it. I mean, how can it not be out? It was next door in Oklahoma. It was just as effective, and it didn't cost as much. It basically is a reporting process that goes to the pharmacies, that when they see people getting a certain number of blister packs. I mean, a small town, I grew up in a small town, it's not like you don't know who is coming in. And if you don't know who is coming in, that's news, too.

If there is someone coming into a small town, and picking up those blister packs, and you don't know them, that is worth a notice. And what has happened is that the word quickly gets out, as we heard from Mr. Priest, they worry about getting busted. If they see somebody calling up, and if a car goes by, that is going to have an impact as much as the pharmacy has in putting them behind the counter, because that doesn't get into the law enforcement system.

They can still do it—now blister packs, we have to get the quantity down. But we have to look at the individual citizens to do that, and we have to have some communication going across between people who are doing this around the country.

Let me ask another question for those of you who have worked with the task forces and the community groups. And I am kind of baffled as to why this doesn't occur in the United States, and I think that it is an appalling collapse of the Department of Education. I think two of you are involved in the Drug Free Task Force. Have you sat the local schools down together and said, "What are you doing with your drug-free money?" Go ahead. I am just wondering, because every school gets a certain amount of drug-free money. Do you sit down in any of your communities and say not, "What could we do with new money?" but, "What are you doing with your money? And how does it relate to an overall strategy?"

Mr. BURKE. I am co-chair of the Coalition. It is funny you bring that up. It is exactly what we are getting ready to do at the next meeting. We just changed chairmanships, and I think it is a very valid point—what are we doing?

I think there is actually some money that is not being spent at all and going unspent. And it is very timely that you mentioned that. We are doing that.

And as far as the Meth Watch, we don't call it that. But we certainly have retailers and pharmacies that do participate. We encourage them to try and get license numbers without endangering

themselves, and they do some of that. We don't have it organized. It sounds like Crime Watch? Is that kind of what it is?

Mr. SOUDER. It is a variation, and it can be done in different ways, different counties implement it in different ways. But what it appears to be is—that type of program wouldn't work in Dayton or Fort Wayne. But in a small town where the problems are most concentrated, you have a pretty good handle of who is coming in.

There was a group coming from Bowling Green, KY, who traveled all the way up here stealing and buying Sudafed, and ended up in Warren County and a Kroger employee called, and that's how they got caught.

I have been very critical about the current proposal that we reduce the program, a number of you have heard of that, the task force is the height of money because information comes up in the local law enforcement, the State and local law enforcement. But we are going to have to, rather than drowning in the everyday problems, one of the things that we need is—you guys are doing the point of arrest and have the data.

Sometimes these statistics and reports you're doing can be very valuable, because it is how we can—we don't look at the big busts if we try to explain it to the people in Washington. You can't see the big busts if you drive the people who are doing the little busts, because it is the little busts that we turnup. You do negotiated sentences for information. Where did you buy it? Who did you buy it from? And we go from there. A huge challenge—my first—I was a staffer in a place in Indiana when I was working for a Senator, and the Richmond, IN prosecutor wanted to take down the biggest bust in the history of Richmond. Unfortunately, the group was also involved in the biggest bust in the history of Indiana over in Indianapolis, which, of course, they were waiting to see because they traced them to Kansas City, to an even bigger network, which was coming into the United States from Mexico. And we were trying to bust this whole network, so we could figure out how to reach a whole region.

Unfortunately, the local prosecutor took him down, and we didn't get the network. His response was, "People are dying and you guys could be working on a network forever." This is the constant tension that we have to work through, particularly when we are trying to move through something like that, of how can we learn from the experience, how can we get the data in, how can we get the, when we have a program with nuances, where is the clearinghouse going to be to get the information down and say "Here's how they adjusted, we did this in Oklahoma; here is how they adjusted. When we did this variation, this is how they adjusted."

It is one of the things we have been a little slow on in Iraq, although now we have minute-by-minute reporting on specific car bombs to figure out the variations they're doing. We have 20,000 people in the United States, 25,000 a year die of narcotics, but Iraq, and for that matter September 11th, seem small, and we need to have the seriousness about how we are going to do some of this interconnectedness.

And you guys are on the front line, and the drug-free schools program is one of my frustrations. We got money back in, but we have to get some semblance of order. And one idea that I'm hammering

on in my district as well as elsewhere is that we need to get the kids involved. Most of these schools have a little radio, or at least announcements, or sometimes even a T.V. station at their high school. We need some kind of award incentive. Procter & Gamble wanted to publicize Crest toothpaste, gave the Crest award $15 for each school district's most-creative anti-meth ad, and get the kids thinking of what they can put in their own announcements at their own school that—how can we integrate the young people in that as well.

One last question to Sheriff Ariss. You have referenced anhydrous ammonia, and there was a case in your county where 300 people had to be evacuated?

Mr. ARISS. Yes.

Mr. SOUDER. Was there any damage, any residual from that? What level of endangerment did we get into? Could you describe a little bit what worked?

Mr. ARISS. I'm going to defer to John, because John Berkeley in Drug Task Force really took over that effort.

Mr. BERKELEY. That was directly related to a person trying to transport anhydrous in a propane tank, and it actually ended up being—the saving grace there was the weather. The weather was perfect. Had it been a windier day—there ended up being a large cloud that formed over this little town, and we evacuated it, and it eventually dispersed.

Of course, the problem with that is inhaling these fumes into your lungs. It could have been a disaster. If the weather had been different, as I was told, it would have been much different, even in a town of 300-and-some.

Mr. BURKE. I have a town that had a similar situation with a super tank, and they put it in town, which was a big mistake.

Mr. BERKELEY. That is exactly what this is, and it is exactly what——

Mr. BURKE [continuing]. It could have obliterated 700 people. But I tried to figure out from that story where the danger points are. The wind is one, concentration.

Mr. BERKELEY. The one thing that was a danger, though, was the fire—volunteer fire lieutenant, and he got there very quickly and got it shut off. That was one extreme. What it did do was, it finally made them put a fence around this facility, which we had tried to get done for some time. And that effectively, along with an alarm system, stopped the entries in there. But it could have been catastrophic. No question.

Mr. SOUDER. OK. Anything anyone else wants to add?

Mr. GRANDEY. Along that line, in my written remarks I mentioned this—one of my biggest fears is, especially with the local land, and it is going to happen, it is just a matter of time—but one of my biggest fears is that we are going to have a rear-end collision.

And because of the chemicals being used and the volatile nature of those, either from the explosion or from leaking from the anhydrous, we are going to have a major catastrophe in one of these smaller communities. And it scares me to think about what could happen.

When I prosecuted a case where four guys were manufacturing in the lab and it blew up, when you think about the force of that explosion, and you put it in a downtown residential area, it is catastrophic.

Mr. SOUDER. I have sort of a variation of that story, that Nick and I were up in a small town in Washington, and that one of the most famous pre-September 11th cases was the LAX bomber that was taken down, who was going to blow up LAX Airport, and had come all the way across Canada and had crossed at this little ferry post. And the local Customs people wound up detaining the person, getting into the trunk, thought they had a meth lab in the car that we are talking about. It turned out that they turned in this stuff to the local police department and it was nitroglycerin, enough to take out the entire LAX airport.

So the danger with all that kind of stuff is just—it is a different world than when we were young.

Anybody have anything else? Thank you very much for your participation. Appreciate your time. We have a bipartisan effort going on in Washington right now and we're going to push this, and this is something the local people know. And we are trying to respond. Thank you very much for your testimony.

[Whereupon, the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

OHIO HIGH INTENSITY DRUG TRAFFICKING AREA
Investigative Support Center
984 Keynote Circle
Brooklyn Heights, OH 44131-1828
Phone 216-739-3500 Fax 216-739-3518

September 14, 2005

Congressman Mark E. Souder
Committee on Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Congressman Souder:

Thank you for the opportunity to testify at the congressional field hearing, "Fighting Methamphetamine in America's Heartland: Assessing Federal, State and Local Effort," on August 23, 2005. It was my privilege to participate as a witness.

Your leadership in holding this important hearing and dedication towards making this country a safer place has not gone unnoticed. Methamphetamine is a serious problem for the state of Ohio, as well as the nation as a whole. Thank you for inviting me to participate in any action to help protect citizens from this growing epidemic.

If I can be of any assistance, please do not hesitate to contact me at 216-739-3501.

Sincerely yours,

John Sommer

John B. Sommer
Executive Director
Ohio HIDTA

Questions from Congressman Souder (8/24/05)
regarding Ohio HIDTA Funding from Director's testimony to the Subcommittee on Criminal Justice, Drug Policy and Human Resources of August 23, 2005

Question #1 – On October 1, 2004, you announced that six new counties would be added to the Ohio High Intensity Drug Trafficking Area (HIDTA), and that $633,755 in additional funds would be obligated for the newly expanded HIDTA.

a) Please provide the Subcommittee with copies of all official statements, findings and orders made or issued by the ONDCP, or any other agency of the Federal government, relating to this expansion of the Ohio HIDTA.

- Please see attached paperwork and budget proposal from ONDCP

b) Please provide the Subcommittee with the data you relied on in expanding the Ohio HIDTA.

- Please see attached application and threat assessment provided to ONDCP

Question #2 – How much of the announced $633,755 in additional funding has been expanded to date?

- To date, $384,054.60 (60.7%) has been spent.

Question #3 – Did you designate any new HIDTAs, or order the expansion of any other HIDTAs, during calendar year 2004?

- No, no other HIDTAs were designated or expended in 2004.

Question #4 – If the Administration's proposal [is] to cut overall funding for the HIDTA program to $100 million for fiscal year 2006, will the Ohio HIDTA continue to receive the additional $633,755, as well as its previous base budget of approximately $2.5 million?

- The Proposal to reduce overall funding for the High Intensity Drug Trafficking Area (HIDTA) program also proposed to move the program to the Department of Justice (DOJ). This proposal was to enable law enforcement managers to target the drug trade in a manner that is strategic and complementary to other anti-drug enforcement programs, and in a way that preserves the program's most effective elements such as intelligence sharing, fostering multi-agency and multi-jurisdictional law enforcement coordination.

  The management and oversight of the program would ensure that the government is utilizing all resources and programs to their fullest potential to achieve the over-arching goal of disruption the market for illegal drugs. DOJ would ensure that the HIDTA program plays a key role in our nation's drug enforcement efforts, particularly those involving coordination with state and

local departments, in a manner that complements the activities of other existing programs.

Under this proposal, DOJ would have been the governmental agency responsible for managing the HIDTA program and would have been making the funding decisions for the individual HIDTAs. However, as the proposal was not approved by the U.S. House of Representatives or the U.S. Senate, decisions regarding funding were not finalized.

Ohio HIDTA – Southern Ohio Add – On Proposal

- Members of my staff have traveled to Ohio and coordinated with law enforcement officials in Southern Ohio in regard to their regional drug threat. These officials initially wanted to create a new stand-alone HIDTA in the Region. In the course of our meetings we were able to come to a consensus of opinion that it was more efficient and strategically advantageous to add the region to the existing Ohio HIDTA. We subsequently received a formal request December 2003 to designate six counties in Southern Ohio as an expansion to the Ohio HIDTA. The Executive Board in the Ohio HIDTA fully supports this request. My staff is currently evaluating the request with regard to the statutory criteria required for designation. Everything looks positive.

- When designated, up to $633,755 in HIDTA discretionary funds will be required to establish infrastructure and provide much needed funds to establish new regional drug task forces.

- The addition of the counties in southern Ohio will allow the Ohio HIDTA to better attack the problem of interstate drug trafficking by placing HIDTA assets much closer to the major thoroughfares crossing Ohio.

- In addition to being better able to interdict illegal drug products transiting Ohio, the new counties will be able to intercept the movement of methamphetamine precursors being diverted through the state to illegal laboratories.

- The new counties will include the major metropolitan areas of Columbus, Dayton and Cincinnati and enable the Ohio HIDTA to serve a much greater share of the state's population.

- Adding the new counties to the already existing Ohio HIDTA will ensure that proposed initiatives/task forces can be implemented rapidly.

- The new counties will be able to immediately leverage the existing intelligence sharing, communications, analytical support and deconfliction assets available in the Ohio HIDTA.

Ohio HIDTA – Southern Ohio Add-On Proposal
Budge Synopsis

After considerable budget negotiation among ONDCP, Senator DeWine's staff and Southern District of Ohio United States Attorney Gregg Lockhart and his Assistant USA Bill Hunt, the decision was made to support the proposed designation of six Southern Ohio counties [Fairfield and Franklin (Columbus area); Greene and Montgomery (Dayton area); Hamilton and Warren (Cincinnati area)] as an add-on region to the Ohio HIDTA, in the amount of **$633,755 (including an amount of up to $75,000 contingent on availability of space)** is to be expanded as follows:

OPERATIONS: (largest amounts of which are overtime, vehicle leases and parking costs and cellular equipment)

Miami Valley TF	$132,885	
Central Ohio TF	137,730	
Southern Ohio TF	129,744	$400,359

ADMINISTRATION/PERSONNEL:

Deputy Director and Administrative Assistant	158,396
LEASE: (Contingency)*	75,000
TOTAL PROPOSED BUDGET:	$633,755

It is important to note that once designated, and if discretionary funds are available, this initiative will receive their '04 allotment into the second half of the fiscal year which will allow significant savings in budgeted costs to roll over and use/re-program in subsequent years. Also, pursuant to ONDCP/HIDTA policy, the Ohio HIDTA Executive Board, with input from the Southern Ohio Advisory Board (when formed) will make specific apportionment recommendations on the proposed budget for ONDCP approval.

*By agreement, and suggested by Senator DeWine's staffer, an amount of up to $75,000 is included in the total budget and is contingent upon need for lease expense in the Dayton area. Ohio HIDTA personnel (Cleveland Office) will assist Southern Region personnel in searching for in kind space appropriate for the initiative.

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable Mike DeWine
United States Senate
140 Russell Senate Office Building
Washington, D.C. 20510

Dear Senator DeWine:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

Designation of these counties will further the development of joint drug control efforts by local, state and federal law enforcement officers in the region. These counties will also benefit from ongoing HIDTA initiatives.

If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable Deborah Pryce
United States House of Representatives
221 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Pryce:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable Patrick J. Tiberi
United States House of Representatives
113 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Tiberi:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable John A. Boehner
United States House of Representatives
1011 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Boehner:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable David L. Hobson
United States House of Representatives
1514 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Hobson:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

Washington, D.C. 20503

September 8, 2004

The Honorable Steve Chabot
United States House of Representatives
129 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Chabot:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable Michael R. Turner
United States House of Representatives
1740 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Turner:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 8, 2004

The Honorable Rob Portman
United States House of Representatives
238 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Portman:

The Office of National Drug Control Policy Reauthorization Act of 1998 codified at 21 USCS 1706 authorizes me to designate qualifying areas of the United States as High Intensity Drug Trafficking Areas (HIDTA). The purpose of this letter is to let you know that pursuant to this authority, I have designated the Ohio counties of Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren as part of the Ohio HIDTA.

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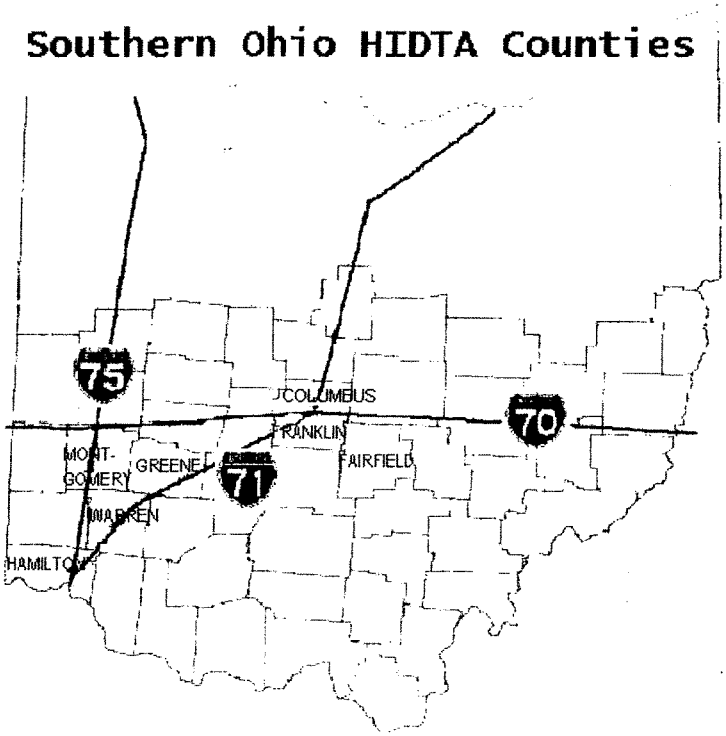
If you have any questions or desire additional information, please feel free to contact me or Ms. Christine Morden with the Office of Legislative Affairs, at (202) 395-6602.

Sincerely,

John P. Walters
Director

REQUEST FOR ADDITIONAL HIDTA COUNTY DESIGNATIONS
SOUTHERN OHIO
DECEMBER 2003



Executive Summary

This proposal seeks HIDTA designation for six Ohio counties: Fairfield, Franklin, Greene, Hamilton, Montgomery, and Warren. These counties include the three largest metropolitan areas of the region. Cocaine, heroin, and marijuana trafficking, methamphetamine production, and pharmaceutical diversion are the biggest illegal drug problems facing communities in these counties.

HIDTA designation for these six counties will offer the federal assistance needed to develop additional investigative and prosecutorial resources vital to stemming the illegal flow of drugs and money through the region and abroad.

HIDTA designation and supporting funding will allow for implementation of three initiatives in fulfillment of HIDTA's mission:

The **Miami Valley Drug Task Force** serving the Dayton area will focus on interdiction along the two major Interstate highways, four commercial air freight hubs, and commercial and passenger transportation facilities. The initiative will also incorporate a major case unit to dismantle violent drug trafficking organizations operating in the area.

The **South Central Drug Task Force** will focus on trafficking of marijuana, heroin, cocaine and the chemicals used to produce methamphetamine in the Columbus and surrounding area, with special emphasis given to the movement of illegal narcotics to and through rural areas of southern Ohio.

The **Southwestern Ohio Regional Drug Task Force** will attack pharmaceutical diversion in and around the Cincinnati area, as well as the violent organizations that move illegal narcotics through the tri-state region.

An intelligence initiative will be developed as an enhancement of the existing Ohio HIDTA's Intelligence Center and will provide intelligence coordination and case support to all southern Ohio initiatives. It will also deconflict activities with the existing components of the Ohio HIDTA and establish connectivity with the Ohio HIDTA Intelligence Center to facilitate information sharing.

More than 20 participants in federal, state and local law enforcement agencies have developed these initiatives in order to pursue objectives that currently cannot be attempted. All participating agencies are willing to contribute personnel, office and investigative space, equipment, funding and other resources in order to leverage HIDTA resources to their fullest.

A 12-member Southern Ohio Advisory Committee will evaluate and monitor these initiatives. The committee will be composed of equal numbers of federal and state and local representatives. The committee will report to the HIDTA Executive Board.

The amount of Fiscal Year 2004 funding required to initiate HIDTA activities in this area is $1,086,820.00

REQUEST FOR ADDITIONAL HIDTA COUNTY DESIGNATIONS

SOUTHERN OHIO
DECEMBER 2003

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Ohio HIDTA - Southern Ohio Region

Mission

The southern Ohio region will support the overall goals of ONDCP and the specific mission of the Ohio HIDTA which is to reduce drug availability and usage by creating intelligence-driven drug task forces (initiatives) aimed at eliminating or reducing domestic drug trafficking and its harmful effects through enhancement and coordination of drug trafficking control efforts among federal, state and local law enforcement agencies.

Environment

The proposal seeks HIDTA designation for 6 non-contiguous counties in Ohio:

Fairfield	Hamilton
Franklin	Montgomery
Greene	Warren

The Southern Ohio Region would also support initiatives in counties outside the designated areas.

The following law enforcement agencies have a significant presence in the counties: State and Local: Ohio State Highway Patrol, Ohio Bureau of Criminal Identification and Investigation, Ohio Department of Natural Resources, Ohio National Guard, Ohio Department of Rehabilitation and Corrections, the Ohio Pharmacy Board, Cincinnati Police Department, Hamilton County Sheriff's Office, Dayton Police Department, Montgomery County Sheriff's Office, Columbus Police Department, Franklin County Sheriff's Office.

Multi-agency Task Forces: Greene County ACE Task Force, Combined Agencies for Narcotics Enforcement (CANE), Drug Abuse Resistance Team (DART), Fairfield-Hocking Major Crimes Unit, Rt. 23 Pipeline Task Force, Central Ohio Regional Drug (CORD) task force, Warren-Clinton Drug and Strategic Operations Task Force.

Federal: U.S. Attorney's Office, Federal Bureau of Investigation, Drug Enforcement Administration, U.S. Marshals Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Immigration and Customs Enforcement, Internal Revenue Service Criminal Investigation, Air Force Office of Special Investigations, Army Criminal Investigation Command, Defense Criminal Investigation Service, Transportation Security Administration, U.S. Secret Service and the U.S. Postal Inspection Service.

Applying the HIDTA Concept

A. Structure

The structure developed for the southern Ohio region will ensure that communities' specific needs, based on the current threat, will be met while also being beneficial to the overall mission of the Ohio HIDTA.

The southern Ohio region of the Ohio HIDTA will accomplish its mission through a coordinated, intelligence driven strategy executed by Federal, state and local law enforcement agencies. Initiatives will be established to target the identified components of the southern Ohio region's mission and will consist of collocated and commingled Federal, state and local officers.

To implement the strategy for FY-2004, the southern Ohio region will adjoin law enforcement resources with the Ohio HIDTA's existing Commercial Vehicle/Intelligence Initiative and the HIDTA Money Laundering/Intelligence Initiative.

The southern Ohio region will develop task forces to conduct activities in their area to support those two initiatives and will develop Memoranda of Understanding detailing the organizations, missions, operating techniques and staffing to be approved by the Ohio HIDTA Executive Board and signed by all participating agencies within those initiatives.

An intelligence initiative will be developed as an enhancement of the existing Ohio HIDTA's Intelligence Center and will provide intelligence coordination and case support to all southern Ohio initiatives. It will also deconflict activities with the existing components of the Ohio HIDTA and establish connectivity with the Ohio HIDTA Intelligence Center to facilitate information sharing.

A southern Ohio region administrative structure will be established consisting of a Deputy Director for Southern Ohio, who will report to the Ohio HIDTA Director, and a Southern Ohio Advisory Committee which will provide coordination, administrative and fiscal oversight of the southern Ohio region initiatives. The Southern Ohio Advisory Committee will report to the Ohio HIDTA Executive Board. At least one representative of the Southern Ohio Advisory Committee will serve on and have voting membership on the Ohio HIDTA Executive Board.

B. Composition

Southern Ohio Advisory Committee – This committee will consist of six Federal and six state/local law enforcement executives who are actively participating in southern Ohio initiatives or prosecuting cases resulting from those initiatives. The committee will be chaired by a member elected by majority vote – the chairman will rotate annually between a Federal and a state/local member. Decisions of the committee will be established by a majority vote. Meetings and agendas will be established by the committee as needed. Minutes of the meeting will be kept and forwarded to the Ohio HIDTA Executive Board. The Chair or another member(s) of the committee will be selected by vote to sit on the Ohio HIDTA Executive Board as a voting member(s).

Deputy Director and Staff – A Deputy Director for southern Ohio will be hired by the Ohio HIDTA Executive Board with the concurrence of the Southern Ohio Advisory Committee. The Deputy Director will report to the Ohio HIDTA Director and will act as a non-voting member and advisor to both the Southern Ohio Advisory Committee and the Ohio HIDTA Executive Board. The duties of the Deputy Director will be established by the Ohio HIDTA Director in a written position description and will include administrative and fiscal coordination of southern Ohio initiatives. The Deputy Director's staff will consist of a secretary/administrative assistant.

The Southern Ohio Advisory Committee will also recommend a fiscal agent for the region to handle the money earmarked for the region.

Threat Assessment

- The production, distribution, and abuse of illegal drugs continue to pose a serious threat to the safety and security of the citizens of Ohio. A particularly disturbing trend noted by

law enforcement is the combining of efforts by Middle Eastern and Mexican groups to smuggle narcotics, specifically methamphetamine pre-cursor chemicals, and money along routes from the northern border to the southwestern United States. This partnership is leading to increased movement through the proposed Southern Ohio Region of the Ohio HIDTA .

- Most of the violent crime committed in the state is attributed to the distribution and abuse of **powdered cocaine and crack**, which constitutes the state's primary drug threat. According to a May 9, 2003, news release from the Ohio Department of Alcohol and Drug Addiction Services, powdered cocaine is making a "major comeback in Ohio." Department Director Luceille Fleming attributed the increase to "cheaper prices and an increase in availability.... The drug is appealing to a younger, more diverse audience." The latest data suggest significant increases in the availability and abuse of powdered cocaine in all parts of the Southern Ohio Region. The increase in usage is most notable among white youth, some in their teens and early 20s. Abuse of the drug is also being noted in inner-city communities, especially among adolescents and young adults.
  Data from the Ohio Substance Abuse Monitoring Network suggest that prices have dropped to new lows, making the drug more accessible to younger users. For example, according to information gathered in Dayton, Youngstown and Columbus, a gram of powdered cocaine costs $40-$60 in January 2003, compared to $80-$100 in January 2002.

- The rising availability of higher purity, lower cost **heroin** is leading to an expanding user population and greater risks to users, who are younger than ever before. An upsurge in the availability of higher purity, less expensive heroin has led to a new user population, consisting primarily of young adults. Since high purity heroin can be smoked or snorted effectively, users' perceptions of the risks of heroin use, particularly by injection, are reduced. Criminal groups are supplementing cocaine shipments with heroin in an attempt to further increase the availability of heroin in Ohio.
  Law enforcement in the Dayton area report growing presence of Colombian and South American heroin. This drug, with purity ranging as high as 95 percent, is extremely potent. The drug is making its way to the area from New York via the area's Dominican population. Recently a Dayton, Ohio man died from a heroin overdose. He had purchased what he thought was cocaine, but the drug really was heroin.
  Heroin is shipped into Southern Ohio from major distribution centers including Chicago and Detroit, and various cities along the southwest border. Heroin is also transported on commercial airline flights into Ohio. Wholesalers use major Ohio cities including Cincinnati and Columbus as distribution centers for smaller cities in and outside the state. Gram quantities sell for between $140-$250 and ounce quantities $2,400-$7,000. The purity levels range from 47 to 48 percent for gram and ounce quantities respectively.
  Ohio Department of Alcohol and Drug Addition Services data indicates the number of treatment admissions for heroin abuse in Ohio increased from 5,769 in 2001 to 6,878 in 2002. One participating agency has reported 12 heroin overdose deaths in 2003. Fairfield County has reported four heroin overdose deaths in 2003.

- In-state **methamphetamine** production has become a significant issue for law enforcement agencies throughout Ohio and is not limited to rural areas of the state.Local independent criminal groups, outlaw motorcycle gangs and, to a lesser extent, Mexican criminal groups are primarily responsible for shipping methamphetamine into and distributing it throughout Ohio.
  A new trend is the increasing flow of chemicals used to manufacture methamphetamine being shipped through Ohio with the money going to Middle Eastern organizations. This trend indicates partnerships between Mexican groups that control the drugs and the Middle Eastern organizations. Agencies are investigating the possible connections between the money from this trafficking and terrorist activities against United States' interests domestically and abroad.

- **Marijuana** remains the most abused drug in the state, and abuse among residents under 18 years old ranks highest among all age groups. Ohio is a source area for marijuana. The rural areas, especially in Southern Ohio, provide an adequate environment for the outdoor cultivation of cannabis. Mexican marijuana is also frequently encountered in Ohio. Large quantities are shipped into Ohio overland, and smaller quantities through package delivery services and the mail. Mexican criminal groups are the dominant wholesale suppliers of marijuana in Ohio. They supply multi-hundred kilogram quantities to most areas of the state.
  Ounce quantities of marijuana in the area sell for approximately $100. Pound quantities sell for as low as $800, and kilogram quantities for as low as $1,800.

- **Pharmaceutical diversion** is now recognized as a significant problem in Ohio. OxyContin®, a commonly prescribed pain reliever, is particularly popular in southern Ohio, where authorities believe it has been responsible for at least 15 deaths since 1999. The National Drug Intelligence Center estimates that prescription drug abuse represents about 25 - 30% of drug abuse in Ohio, roughly the same as cocaine abuse. Prescription drugs are frequently obtained illegally in most areas of Ohio. Law enforcement reports confirm that the distribution of prescription drugs is a lucrative business.
  The Ohio Substance Abuse Monitoring Network referred to Cincinnati as "Pill Town" in a report in January 2002. The report states, "This means the majority of opioid drugs abused in Cincinnati are opioids diverted from pharmaceutical channels. The opioids are sometimes extracted from the tablet dosage forms then injected intravenously. *More of this kind of drug use goes on in Cincinnati than in any other city in the country,*"(emphasis added). A January 2002 Rapid Response investigation by the Department revealed an "alarming trend. Young, new heroin abusers seeking treatment reported OxyContin® abuse prior to becoming addicted to heroin. Several individuals reported resorting to heroin when their OxyContin® habits became too expensive, or when the drug became difficult to obtain." In Franklin County, 16 people took fatal doses of OxyContin® in 2001.

Initiatives

Three new initiatives will be developed in the Southern Ohio region. These initiatives will focus on disrupting and dismantling or otherwise reducing drug trafficking, related violent crimes, and money laundering in the region, including disruption of funding to terrorist groups. This will be accomplished through coordination and sharing of intelligence, unified law enforcement effort, the blending of resources and community cooperation.

Based on the threat assessment outlined above, the following initiatives have been developed to address the specific drug trafficking problem in the region.

Initiative Title: Miami Valley Drug Task Force

I. *Mission Statement*

The mission of the Miami Valley Drug Task Force (MVDTF) is to reduce violent crime associated with all levels of drug trafficking in and around Dayton, Ohio. Task Force goals will be to disrupt and dismantle domestic and foreign organizations producing, transporting and supplying illicit drugs to the region. The Task Force will work to arrest and convict the principals of the organization, seize their contraband and assets, and conduct money-laundering investigations. Use of the Ohio HIDTA's Investigative Support Center will enhance cooperation, coordination, and officer safety.

II. *Threat abstract*

The Miami Valley area of Ohio includes Montgomery, Greene, and surrounding counties and the city of Dayton. According to the National Drug Intelligence Center city profile, cocaine, marijuana and heroin pose the most significant drug threats in the Miami Valley.

Interstates 75 and 70 cross in Montgomery. I-75 is the major route from northern Michigan, south through Detroit and Toledo, and continuing south to Florida. More than 83,000 vehicles a day pass through the intersection, according to the Ohio Department of Transportation. I-70 begins in Baltimore and heads west through the United States, merging with Interstate 15 in Utah and continuing to California.

Because of its geographic location, the region is a major distribution point of bulk marijuana and cocaine destined for the East coast and Midwest market. Four commercial freight hubs, Emery, Airborne, FedEx, and UPS, are also in the region. Dayton International Airport is a major transportation hub.

III. *Initiative Description*

The MVDTF will consist of two units, each with their own areas of responsibility, supervision, and expected output. The Interdiction Unit will focus on disrupting the movement and distribution of illicit narcotics and pre-cursor chemicals via private and commercial vehicles along major highways, and through commercial shipment facilities in the region. The Major Case Unit will target and high and mid-level drug trafficking organizations, which often use violence, intimidation and money laundering in their operations in order to turn a large profit. Staffing for the initiative will be drawn from the components currently operating in the area. The HIDTA group will be collocated and multi-agency, and have full-time federal presence.

The Interdiction Unit will focus its efforts on the specific modes of transportation used to smuggle narcotics into and through the area for distribution. The Unit will also develop a program to educate employees of the facilities on narcotics identification, and would attempt to build strong working relationships between task force agents and the employees.

The Major Case Unit will target high and mid-level drug-trafficking organizations with specific emphasis on gang affiliations, and international cartels involved in trafficking marijuana, heroin, cocaine, Ecstasy (MDMA), OxyContin, and the chemicals used in the manufacture of methamphetamine. The seizure of narcotics and assets, and the arrest and prosecution of the members of the drug trafficking organizations disrupt and dismantle these organizations.

The Task Force will interact with the HIDTA Investigative Support Center on a regular basis. All investigative activity will be coordinated through the Deconfliction Center and all information requests will be forwarded to HIDTA. Investigative support services should be made available to the task force and the analysts and ISC support should be used to the maximum extent possible.

Participating federal agencies include the DEA, FBI, ICE, and IRS Criminal Investigation. State and local agencies participating will be the Ohio Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, the Greene County ACE Task Force, Combined Agencies for Narcotics Enforcement (CANE),and their respective member agencies including the Dayton Police Department.

Both units will be located in space provided by the DEA Dayton Resident Office near the intersections of I-675 and I-75, as well as smaller offices at the Dayton airport and CANE.

Lead agencies for the Interdiction Unit will be the Dayton Police Department and CANE and the lead agency for the Major Case Unit will be DEA.

IV. Participants

Interdiction Unit
Total of 7 full-time and 2 part-time participants

Quantity	Agency	Quantity	Agency
1	DEA	2	ACE
1	CANE	3	DPD w/K9
1 PT	OHSP w/K9	1 PT	ICE

Major Case Unit
Total of 11 full-time and 2 part-time participants

Quantity	Agency	Quantity	Agency
2	DEA	1	ACE
1	CANE	1	DPD
1	BCI&I	1	ONG Analyst

1	Perry Twp. P.D.	1	Jackson Co. P.D.
1	Huber Heights P.D.	1	Trotwood P.D.
1 PT	ATF	1 PT	FBI

V. *Outputs*

Interdiction Unit

FY 04 Expected Outputs:
Seize 50 kilograms of cocaine
Seize 1000 kilograms of marijuana
Seize 3 kilograms of heroin

Major Case Unit

FY 04 Expected Outputs:
Disrupt 3 cocaine trafficking organizations
Disrupt 1 marijuana trafficking organizations
Disrupt 1 heroin trafficking organizations

VI. *Impact on other areas of the country*

The Miami Valley is less than an eight-hour drive from 75 percent of the continental United States population. Given its location and transportation facilities, Southern Ohio sees large amounts of illegal narcotics passing through the area. These resources also present an excellent opportunity for halting the trafficking of such drugs intended for other parts of the country.

The DEA also reports that a new trend indicates that methamphetamine producers are traveling into Ohio from other states to obtain anhydrous ammonia for methamphetamine production. Two recent incidents involved residents from Alabama and Indiana traveling to Ohio to steal anhydrous ammonia.

VII. *Miami Valley Budget*

Overtime (15 TFA) @ $13,000/year	$195,000.00
Overtime recipients are full-time, co-located officers.	
Services	
15 Cellular phones @$70/mo	12,600.00
15 Vehicle leases @$400/mo.	72,000.00
full-time, co-located, non-Federal officers	
3 GPS tracking phone charges @$70/mo	2,520.00

1 Undercover Internet account @$60/mo	720.00
Initiative Total	$282,840.00

Initiative Title: South Central Drug Task Force

I. *Mission Statement:*

The South Central Drug Task Force (SCDTF) will undertake cooperative efforts to substantially reduce the impact of organized drug-trafficking activity in Franklin, Fairfield and surrounding central and southern Ohio counties by combining the resources of local, state and federal law enforcement agencies. The initiative will link participating agencies to share developed information on identified targets, use that information to track, investigate and prosecute those responsible for drug trafficking and the violent crimes that accompany it.

II. *Threat abstract:*

The National Drug Intelligence Center National Drug Threat Assessment 2002 publication lists Columbus as one of six distribution centers supplied by the New York distribution hub for the eastern United States.

Law enforcement agencies are particularly concerned about the combining of efforts by Middle Eastern and Mexican groups to smuggle narcotics, specifically heroin, cocaine, and marijuana, and money along routes from the northern border to the southwestern United States. This partnership is leading to increased movement into and through the proposed South Central Ohio.

On July 11, 2003, the U.S. Bureau of Customs and Border Protection (CBP) and the Bureau of Immigration and Customs Enforcement (ICE) seized a 21,947-pound load of marijuana in Texas, that was destined for Ohio. The seizure, which was made by CBP inspectors in Laredo, Texas on July 11, is one of the largest single loads of marijuana seized along the Southwest border in recent years.

Recent investigations conducted by DEA and CORD (Central Ohio Regional Drug Task Force) confirm that drug trafficking organizations based across the United States' southwestern border are responsible for a significant amount of the marijuana and cocaine sold in central Ohio. These organizations are sophisticated and efficient, offering high-quality marijuana and cocaine at low prices. The organizations protect themselves from detection by law enforcement through compartmentalization, the use of complex telecommunications, and through identity theft/falsification.

Since October 2001, the DEA Columbus District Office has initiated 19 investigations targeting organizations with sources of supply from the Southwest Border. As a result, DEA Columbus District Office has arrested 81 defendants and seized 27, 405 pounds of marijuana, 150 kilograms of cocaine, 750 grams of heroin, 18 vehicles, and $2,148,930 in U.S. Currency.

The U.S. 23 Pipeline Major Crime Task Force continues to battle clandestine methamphetamine labs on an almost daily basis. The task force is averaging two labs a week. The task force is also working with the Ohio Organized Crime Investigation Commission on an investigation into a marijuana ring between Chillicothe, Ohio, Texas and California.

II. *Initiative Description*

The SCDTF will consist of two units. The Central Ohio Southwest Trafficking Coalition (COSTCO) will employ traditional and non-traditional investigative and surveillance techniques in order to gather evidence involving drug trafficking organizations in Columbus, specifically those connected to the southwestern border of the United States. The Rural Interdiction Drug Network, known as RIDNET, will disrupt organizations manufacturing and distributing illegal narcotics in southern Ohio, especially heroin and methamphetamine.

COSTCO will attempt to dismantle or disrupt the emerging threat posed by drug trafficking organizations based in Mexico and other Central and South American countries. The task force would concentrate on exploiting telephonic communications and tracing financial transactions in an effort to identify members of the organization and the methods of transporting drugs and laundering money to and from central Ohio.

RIDNET will employ surveillance and other investigative techniques to dismantle organizations involved with the ever-growing problem of meth manufacturing in the region. Members will identify smugglers, traffickers, and instruments used to smuggle and conceal illegal narcotics being brought into the area. Linked agencies will also share development information on identified targets, using that information to track, investigate and prosecute those responsible for the trafficking.

SCDTF will focus on drug trafficking organizations that cannot be dismantled by local/state jurisdictions currently in place to combat street level and mid-level traffickers. SCDTF will also pursue drug fugitives.

The Task Force will interact with the HIDTA Investigative Support Center on a regular basis. All investigative activity will be coordinated through the Deconfliction Center and all information requests will be forwarded to HIDTA. Investigative support services should be made available to the task force and the analysts and ISC support should be used to the maximum extent possible.

Participating federal agencies include the DEA, FBI, ICE, the U.S. Marshals Service, and IRS Criminal Investigation. State and local agencies participating will be the Ohio Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, CORD, the U.S. 23 Pipeline Major Crimes Task Force, the Fairfield-Hocking Major Crimes Unit, the WARNET task force funded through the Ohio Organized Crime Investigations Commission, and their respective member agencies including the Columbus Division of Police.

Proposed physical location for RIDNET would be in Fairfield County, Ohio in space provided by the Fairfield-Hocking Major Crimes Unit. COSTCO will be located in space provided by the DEA and/or U.S. Attorney's Office in Columbus.

The lead agency for COSTCO will be the Columbus Resident Agency of the DEA. The lead agency for RIDNET will be the Fairfield-Hocking Major Crimes Unit.

IV. *Participants*

COSTCO
Total of ten full-time participants

Quantity	Agency	Quantity	Agency
4	DEA	1	Columbus Police
1	IRS-CI	1	CORD
1	ATF	1	BCI&I
1	FBI		
1 PT	ICE	1 PT	USMS

RIDNET
Total of seven full-time and three part-time participants.

Quantity	Agency	Quantity	Agency
1	BCI	2	Fairfield-Hocking MCU
1	Franklin Co. S.O	1	Muskingum Co. S.O.
2	Rt. 23 Pipeline	1 PT	ICE
1 PT	IRS	1 PT	U.S. Postal Inspector

V. *Outputs*

FY 04 Expected Outputs:
Dismantle 2 marijuana trafficking organizations
Disrupt 1 heroin drug trafficking organization
Seize 12 incoming shipment(s) of marijuana
Conduct 20 controlled buys
Dismantle 20 meth labs.
Apprehend 12 drug crime fugitives

VI. *Impact on other areas of the country*

The National Drug Intelligence Center National Drug Threat Assessment 2002 publication lists Columbus as one of six distribution centers supplied by the New York distribution hub for the eastern United States.

Law enforcement agencies are particularly concerned about the combining of efforts by

Middle Eastern and Mexican groups to smuggle narcotics, specifically methamphetamine precursor chemicals, and money along routes from the northern border to the southwestern United States. This partnership is leading to increased movement into and through the proposed Crossroads HIDTA area.

Leadership of major cocaine and marijuana trafficking organizations has been traced to Arizona, California, New York, Texas, Illinois, Mexico and Canada.

VII. *South Central Budget*

Overtime (10 TFA) @ $13,000/year	$130,000.00
Overtime recipients are full-time, co-located officers.	
Services	
10 Cellular phones @$70/mo	8,400.00
10 Vehicle leases @$500/mo.	60,000.00
full-time, co-located, non-Federal officers	
Linguist services @$1600/mo	19,200.00
Copier lease @ $600/mo	7,200.00
NCIC Fee @$580/mo	6,960.00
7 undercover parking spaces @ $135/mo	11,340.00
1 Undercover Internet account @$40/mo	480.00
3 GPS tracking phone charges @$70/mo	2,520.00
Equipment	
Pen-register/wiretap installation	10,000.00
Computers 2@$2,500	5,000.00
Pen Link	11,000.00
Initiative Total	$272,100.00

Initiative Title: Southwest Ohio Regional Drug Task Force

I. *Mission Statement*

The mission of the Southwest Ohio Regional Drug task force, known as SWORD, is to reduce violent crime associated with all levels of drug trafficking in Hamilton, Warren and surrounding counties in southwestern Ohio and reduce the levels of prescription drug abuse in the tri-state area. Task Force goals will be to disrupt and dismantle domestic and foreign organizations producing, transporting and supplying illicit drugs to the region. The Task Force will work to arrest and convict the principals of the organization, seize their contraband and assets, and conduct money-laundering investigations. Use of the Ohio HIDTA's Investigative Support Center will enhance cooperation, coordination, and officer safety.

II. *Threat abstract*

The initiative addresses illegal drug crimes in and around Cincinnati, Ohio, including

parts of three states. Interstates 71, 74 and 75 intersect in Cincinnati. The Cincinnati-Northern Kentucky International Airport, and Amtrak passenger rail service also serves the region.

Marijuana and cocaine are readily available and widely abused in southwest Ohio. The Regional Enforcement Narcotics Unit reports marijuana seizures increased from 783.4 kilograms in 2001 to 2,774.5 kilograms in 2002. The distribution and abuse of cocaine, particularly crack cocaine, pose the greatest drug threat to Cincinnati, according to the National Drug Intelligence Center.

Law enforcement reports confirm that the distribution of prescription drugs is a lucrative business. Some of the most commonly diverted prescription drugs are Dilaudid, OxyContin®, Percocet, Tylenol with Codeine No. 3, Valium, and Vicodin.

The Ohio Substance Abuse Monitoring Network referred to Cincinnati as "Pill Town" in a report in January 2002. The report states, "This means the majority of opioid drugs abused in Cincinnati are opioids diverted from pharmaceutical channels. The opioids are sometimes extracted from the tablet dosage forms then injected intravenously. *More of this kind of drug use goes on in Cincinnati than in any other city in the country*,"(emphasis added).

III. *Initiative Description*

SWORD will consist of two units, each with their own areas of responsibility, supervision, and expected output. The Pharmaceutical Diversion Unit (PDU) will employ law enforcement and data-mining techniques to track down illegal trafficking in prescription drugs, especially OxyContin. The Southwest Task Force Network (STFN) will cooperatively target cocaine and marijuana trafficking organizations responsible for violent crime.

Staffing for the initiative will be drawn from the components currently operating in the area. The HIDTA group will be collocated and multi-agency, and have full-time federal presence.

The Pharmaceutical Diversion Unit will work with the medical community to detect and deter criminal activity connected with prescription drugs. A significant part of drug diversion is committed through health care fraud. Diverted pharmaceuticals are also obtained through diversion techniques including improper prescribing practices, prescription forgery, and "doctor shopping." Tracking assets and money laundering investigations will also be a part of the initiative. Investigators with the Cincinnati Police, DART, and the Warren-Clinton Drug and Strategic Operations Task Force will work with the DEA Diversion Unit, along with the FBI, the Food and Drug Administration, and the U.S. Department of Health and Human Services Office of the Inspector General in this initiative.

The Southwest Task Force Network will unify the efforts and information sharing necessary to combat drug trafficking organizations and related violent crimes, including homicide, murder-for-hire, money laundering and conspiracies.

Participating federal agencies include the DEA, FBI, ICE, and IRS Criminal Investigation. State and local agencies participating will be the Ohio Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, the Warren-Clinton Drug and Strategic Operations Task Force, Drug Abuse Reduction Task Force (DART), and their respective member agencies including the Cincinnati Police Department.

SWORD will interact with the HIDTA Investigative Support Center on a regular basis. All investigative activity will be coordinated through the Deconfliction Center and all information requests will be forwarded to HIDTA. Investigative support services should be made

available to the task force and the analysts and ISC support should be used to the maximum extent possible.

Proposed physical location for the Pharmaceutical Diversion Unit is the Cincinnati DEA Office. The Southwest Task Force Network would be centrally located in Lebanon, which is near the center of the region, as well as a smaller office in Cincinnati.

The lead agencies for the Pharmaceutical Diversion Unit will be Cincinnati Police and the DEA Cincinnati Resident Office. The lead agency for the Southwest Task Force Network will be the Cincinnati Resident Agency of the FBI and the Warren Clinton Drug and Strategic Operations Task Force.

IV. *Participants*

Pharmaceutical Diversion Unit
Total of 8 full-time and 2 part-time participants

Quantity	Agency	Quantity	Agency
4	Cincinnati Police	1	DART
2	DEA	1	Warren-Clinton
1 PT	FBI	1 PT	HHS OIG

Southwest Task Force Network
Total of 4 full-time and 2 part-time participants

Quantity	Agency	Quantity	Agency
1	DEA	1	FBI
1	DART	1	Warren-Clinton
1 PT	IRS - CI	1 PT	OHSP

V. *Outputs*
Pharmaceutical Diversion Unit

FY 04 Expected Outputs:
Identify 7 "pill mills"
Identify 75 health professionals involved in trafficking
Identify 200,000 dosage units of diverted prescription drugs

Southwest Task Force Network

FY 04 Expected Outputs:
Disrupt 3 cocaine trafficking organizations
Disrupt 1 marijuana trafficking organization
Disrupt 1 heroin trafficking organization

VI. *Impact on other areas of the country*

As a source state for methamphetamine, marijuana, and pre-cursor chemicals for the production of drugs, Ohio also impacts drug abuse in other states. During the past six months, the northern Kentucky counties of Campbell and Kenton have experienced a number of heroin-related deaths. They purchased their heroin in an inner-city area of Cincinnati known as Over-the-Rhine.

VII. *Southwest Budget*

Overtime (8 TFA) @ $13,000/year	$104,000.00
Overtime recipients are full-time, co-located officers.	
Services	
8 Cellular phones @$70/mo	6,720.00
8 Vehicle leases @$500/mo.	48,000.00
full-time, co-located, non-Federal officers	
Copier lease @ $600/mo	7,200.00
NCIC Fee @$580/mo	6,960.00
1 Undercover Internet account @$40/mo	480.00
3 GPS tracking phone charges @$70/mo	2,520.00
Equipment	
Pen-register/wiretap installation	10,000.00
Computers 2@$2,500	5,000.00
Pen Link	11,000.00
Supplies	
Software - Drug Diversion database	20,000.00
Initiative Total	$221,880.00

Total Budget

The following additional HIDTA funds would be made available for initiatives operated by the Southern Ohio region of the Ohio HIDTA:

Personnel consisting of a Deputy Director and an administrative assistant/secretary:
$160,000

Lease/rental space and office equipment for "Sub-Headquarters" and collocated groups: (Unless offered "in kind" by local, state or Federal agency)
$150,000

Operating funds for the three initiatives outlined above:
$776,820

Total '04 HIDTA funding for Southern Ohio region:
$1,086,820.00

The HIDTA Program operates under the precept that participating agencies offer "in-kind" personnel, office space, equipment, etc. to leverage with resources the HIDTA Program brings to the region creating a "force multiplier" for participating agencies, maximizing resource and information sharing and minimizing duplication of effort.

Summary

1. *Southern Ohio is an epicenter of illegal drug importation, distribution and manufacturing.*

In Fiscal Year 2002, the U.S. Attorney for Southern Ohio opened more than 100 new drug trafficking cases, which is a 28% increase over the number of cases opened just a year earlier. 2002 also generated the first significant methamphetamine, OxyContin®, and MDMA or "Ecstasy" cases in central Ohio.

According to the Ohio State Highway Patrol, the amount of cocaine seized in Ohio in 2002 increased by 50 percent, from 399 pounds in 2001 to 611 pounds in 2002. The Patrol's interdiction team seized nearly ten times the amount of heroin in 2002 compared to 2001.

2. *Southern Ohio's state and local enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem.*

The presence and success of nine multi-agency task forces funded by the Office of Criminal Justice Services in the designated counties shows commitment of significant resources to combating illegal drug trafficking.

3. *Drug-related activities in Southern Ohio have a harmful impact in other areas of the United States.*

Southern Ohio is less than an eight-hour drive from 75 percent of the continental United States population. Given its location and transportation facilities, Southern Ohio sees large

amounts of illegal narcotics passing through the area. These resources also present an excellent opportunity for halting the trafficking of such drugs intended for other parts of the country.

As a source state for methamphetamine, marijuana, and pre-cursor chemicals for the production of drugs, Ohio also impacts drug abuse in other states. During the past six months, the northern Kentucky counties of Campbell and Kenton have experienced a number of heroin-related deaths. They purchased their heroin in an inner-city area of Cincinnati known as Over-the-Rhine.

In response, the Cincinnati Resident Office of the DEA, area law enforcement officials, and community leaders have begun meeting to forge a joint response. A multi-faceted approach will target not only the sources of supply, but also the lower level distributors.

The DEA also reports that a new trend indicates that methamphetamine producers are traveling into Ohio from other states to obtain anhydrous ammonia for methamphetamine production. Two recent incidents involved residents from Alabama and Indiana traveling to Ohio to steal anhydrous ammonia.

In Ohio, funds generated by illegal narcotics trafficking could be used to support terrorist activities against domestic and foreign United States interests. Designation of the Crossroads HIDTA would allow greater resources for investigating and halting such activity.

4. *A significant increase in allocation of federal resources is necessary to respond adequately to drug-related activities in Southern Ohio.*

Despite the many accomplishments of state, local and federal agencies in interdiction and prosecution efforts, the increasing growth of illegal narcotics trafficking, distribution and manufacturing in Ohio threatens to overwhelm law enforcement agencies in the region.

For example, during 2002, DEA and state and local law enforcement agencies spent more than $300,000 on methamphetamine cleanup costs alone.

Many of the state and local law enforcement agencies and multi-agency task forces rely on funding through Byrne grants to pay for equipment, staffing, and operational costs. A reduction or elimination of this program would have a severe negative impact on these agencies and task forces that have built a strong record of success.

HIDTA designation for these six counties will offer the federal assistance needed to develop additional investigative and prosecutorial resources vital to stemming the illegal flow of drugs and money through the region and abroad. HIDTA designation for these Southern Ohio counties will enable existing drug control agencies and programs to launch a more intensive, coordinated effort to investigate and prosecute the illegal narcotics trafficking problems now in the Southern Ohio region.

FOR IMMEDIATE RELEASE:
Friday, October 1, 2004

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U.S. Drug Czar John Walters Announces Six New Counties to be Designated as High Intensity Drug Trafficking Areas in the Southern Region of Ohio

(Washington, D.C.)—Today, John P. Walters, Director of National Drug Control Policy (President Bush's Drug Czar) announced the designation of six new counties in the southern region of Ohio (Fairfield, Franklin, Greene, Hamilton, Montgomery and Warren) to be a part of the Ohio High Intensity Drug Trafficking Area (HIDTA) program. In addition, $633,755 will be obligated to the six new counties, which brings the total number of counties in the State from five to eleven and the total funding level to over $3.1 million for the Ohio HIDTA.

"The six new HIDTA counties that have been designated today will provide Federal, State and local law enforcement with additional resources, so that they may target and disrupt the illegal drug market throughout the State of Ohio and markets it supports in other states. The HIDTA program is a unique tool that enhances cooperation and coordination between law enforcement agencies, which leads to more effective local drug control. Over the past two years, youth drug use in America has dropped by 11 percent. If we are to continue this progress, we must make sure that we have a balanced strategy that reduces the supply and demand for dangerous addictive drugs," said Director Walters.

The primary drug threats to the Ohio HIDTA region are marijuana and cocaine, Ohio also contends with the heroin trade and a growing methamphetamine problem. Typical methods of distribution include the use of well-developed interstate highways and the transport of drugs by travelers on commercial airline flights.

The HIDTA program designates geographic areas to which Federal resources are allocated to link Federal, State and local drug enforcement efforts and to optimize the investigative return on limited fiscal and personnel resources. Properly targeted, HIDTAs offer greater efficiency in countering the illegal drug trade in local areas. Building on the efforts to combat drug-related crime and counter drug trafficking, President Bush and members of Congress have continued to support the program, which currently consists of 28 designated HIDTA regions across the United

States. The HIDTA Program has achieved a great deal of success because it is able to break down old barriers between the Federal, State and local law enforcement agencies. Coordinating efforts and sharing information has extended beyond a single initiative or task force, to between initiatives and task forces in a single HIDTA, a region, and among HIDTAs nationally.

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2005 WLNR 8215452

Dayton Daily News (OH)
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May 22, 2005

Section: News

Authorities fearful meth production, use will explode across **Ohio** Highly addictive, toxic concoction cheap, easy to make

Anthony Gottschlich agottschlich

AKRON -- Some call it "the most addictive drug on the planet," a toxic concoction of cold medicine. starting fluid, farm fertilizer and other ingredients not intended for human consump

tion.

For a street price of about $130, a gram of methamphetamine, also known as "meth," "speed" and "crank," will send its users on a heart-racing, hallucinogenic high for up to 12 to 15 hours, sucking its victims into a black hole of dependency, paranoia and brain damage along the way. It's cheap, easy to make and on the rise in **Ohio**, including here in the Miami Valley, especially in **Warren** and Greene counties.****

But nowhere in the state during the last four years have more meth-related arrests, raids and drug finds occurred than in Akron and Summit County, turning this former "Rubber Capital of the World" into the meth capital of **Ohio**.

In federal fiscal year 2004 (Oct. 1, 2003 to Sept. 30, 2004), local law-enforcement officials throughout the state reported finding 354 meth sites -- clandestine laboratories, chemical caches and dump sites -- to the **Ohio** Attorney General's Bureau of Criminal Investigations. That's up from 96 in 2001. Nearly one-third, or 113, were found in Summit County.

"This is bad, bad stuff," said Summit County sheriff's Capt. Hylton Baker, commander of the Summit County Drug Unit. "If this ever gets near the crack explosion (of the 1980s,) it will be an absolute disaster. We'll have people who will be wards of the state ... living like Alzheimer's patients."

Summit County, the Cleveland area's neighbor to the south, is a hot bed for drug activity, Baker and Scott Duff, a special agent supervisor with the state's BCI, acknowledged. But it also has an aggressive sheriff 's office and drug unit that works with state and federal drug-fighting forces in the hunt for meth, they added. That's why Baker's on track for about 150 meth busts this year, up from just 16 in 2001, dwarfing all other **Ohio** counties, including those in the Miami Valley. Not that other counties should rest easy. The National Drug Institute says meth is spreading eastward from its West Coast roots to urban, suburban and rural areas at a pace unrivaled by any other drug in recent times. "If it was really sought after, you would find (Summit County's) levels everywhere," Baker said.

In **Warren** County, police and drug task forces found 10 meth sites last year. They're on track to more than double that figure with 10 busts so far this year, said John **Burke**, **commander** of the Greater **Warren** County Drug Task Force.

"These stats will continue and double and then some," Burke said. "I've been a cop for 38 years and there's nothing more addictive I've seen."

In Greene County, mostly rural like **Warren**, police had five meth finds by the end of April, putting them on pace to surpass last year's total of 10. "We are at the neophyte stage of meth coming into our area," said Bruce May, director of

the Greene County Agencies for Combined Enforcement. "We're going to see a lot more problems with meth labs and trafficking." Preble County Sheriff Michael Simpson agrees. Meth started showing up last year in the county, when deputies found two meth sites, he said. This year, they've made three meth busts so far, two in one day. In Montgomery County, police reported finding just one meth site last year. But the numbers don't tell the story, because meth is difficult to detect, said Duff, the BCI supervisor. "We're seeing it all around Montgomery County, so there's no reason to think it's not occurring in Montgomery County," he said.

Toxic waste left behind

Meth's grip is so powerful its users risk their lives, as well as the lives of anyone near them, to make it, said Baker, the Summit County commander.

Psuedoephedrine, which is found in common, everyday cold medicine, is the key ingredient that provides meth's kick. But it's the other components, which Baker calls "acidic, explosive, caustic, corrosive and carcinogenic," that worry law enforcement, health officials and public safety forces in general. Consider the ingredients: Ether,

extracted from starting fluid; anhydrous ammonia, a farm fertilizer stored in large tanks and targeted for thefts by meth makers; muriatic acid, a basic swimming pool cleaner; "Heet," a brand name gasoline additive; and plenty of other easily obtained materials with "Keep away from children" warning labels. Throw in some fire and a hotplate for cooking, and you've got a recipe for disaster. "A baby jar of ether will take a house off its foundation when it explodes," Baker said. One Summit County user forgot where he was for a moment and lit up a cigarette while cooking meth in the bathroom of his public housing apartment, Baker said.

"It blew the whole back wall off that building," he recalled. The user, James A. Zinn, now 23, survived, but he was sentenced to two years in state prison on meth manufacturing and aggravated arson charges. He was released on parole last month. Often the users set up mobile labs in their homes or in hotels. Wooded areas are popular because of the "cat urine" stench involved that might tip off neighbors. Baker said for every pound of meth produced, five to six pounds of toxic waste are left behind, posing a danger to children and anyone else present or who might follow, including law enforcement.

He said it takes 1,200 decongestant tablets to make one ounce of meth, which carries a street value of roughly $3,000. That's why some pharmacies have seen cold tablets flying off the shelves and why **Ohio** lawmakers have proposed legislation restricting the sale of over-the-counter decongestants. Senate Bill 53 would require over-the-counter decongestants be dispensed directly by pharmacists, like prescription drugs, in packages of no more than 30 days' doses. Stores such as Target, Wal-Mart and Walgreen already have similar restrictions. Skeptics say that's going too far, but Duff, the BCI supervisor, said: "The proof is in the pudding." Oklahoma lawmakers passed a bill last year similar to the one pending at **Ohio's** Statehouse, and since April 2004, the state has seen an 80 percent reduction in meth busts, Duff said. Law enforcement is hoping other tactics work as well. On April 15, a new state law went into effect making the theft of anhydrous ammonia a third-degree felony. Just last month, **Ohio** Attorney General Jim Petro unveiled four "clandestine lab response vehicles" to support drug unit agents as they bust meth makers and dismantle their labs. Purchased through a $794,000 federal grant, the $40,000 Ford F-150 pickup trucks are specially equipped with air-monitoring devices, fire extinguishers and protective vests, as well as digital cameras, breathing apparatuses protective equipment. One of the vehicles is stationed in Summit County, two are in London, about 50 miles from Dayton, and one is in Bowling Green.

The grant also pays for certification training and protective equipment for law enforcement agencies throughout **Ohio**.

In **Warren** County, Burke's unit has purchased a 26-foot box trailer equipped much like the trucks Petro unveiled. In addition to meth sites, Burke plans to take the trailer to fairs and schools to spread the word about meth and its dangers, hoping the public will catch on and drop the dime on its makers and users.

"It's a huge issue, and we don't want it to take over our community like it has in other states," Burke said. "It's probably our No. 1 future potential problem."

Contact Anthony Gottschlich at 225-7408.<

---- INDEX REFERENCES ----

COMPANY: WALGREEN CO; WAL MART STORES INC

NEWS SUBJECT: (Legal (1LE33); Legislation (1LE97); Health & Family (1HE30); Government (1GO80); Police (1PO98); Judicial (1JU36))

INDUSTRY: (Infectious Diseases (1IN99); Pharmaceuticals & Biotechnology (1PH13); Agrochemicals (1AG08); Ear, Nose & Throat (1EN56); Healthcare (1HE06); Respiratory Drugs (1RE83); Healthcare Practice Specialties (1HE49); Respiratory & Pulmonary (1RE29); Agriculture (1AG63); Agriculture, Food & Beverage (1AG53); Cough & Cold Remedies (1CO34))

REGION: (Americas (1AM92); North America (1NO39); USA (1US73); **Ohio** (1OH35); Florida (1FL79))

Language: EN

OTHER INDEXING: (AKRON; BCI; BUREAU OF CRIMINAL; GREATER **WARREN** COUNTY DRUG TASK FORCE; NATIONAL DRUG INSTITUTE; PREBLE COUNTY SHERIFF MICHAEL SIMPSON; PSUEDOEPHEDRINE; SENATE; WAL MART; WALGREEN; **WARREN**; **WARREN** COUNTY) (Baker; Burke; Contact Anthony Gottschlich; Duff; Greene; Heet; Hylton Baker; James A. Zinn; Jim Petro; John Burke; Oklahoma; Petro; Scott Duff; Skeptics; Throw; Wooded)

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February 19, 2005

Section: News

NEW LAW WOULD TARGET METH LABS
Mark Hansel
Post staff reporter

With tougher methamphetamine laws either on the books or pending in neighboring states, **Ohio** officials are concerned that their state could become a haven for meth manufacturers.

"These guys are like traveling wolves and without restrictions they have a ripe opportunity to come to **Ohio** and either make drugs or get supplies," said Rep. Tim DeGeeter, D-Parma. "It's an epidemic across the Midwest and the country."

DeGeeter plans to propose legislation within the next few weeks that would restrict access to pseudoephedrine, a common ingredient in many over-the counter cold tablets. His measure would also make possession of large quantities of pseudoephedrine a felony.

Without restrictions, meth manufacturers can buy large quantities of the tablets and cook up meth batches almost anywhere.

DeGeeter hopes requiring pharmacists to keep track of the pseudoephedrine purchases and to limit the quantity that can be bought will stifle the meth trade in **Ohio**.

Indiana lawmakers have already passed a similar law and the Kentucky legislature has one pending in its current session. The laws are modeled after legislation in Oklahoma that is credited with curtailing the meth trade there.

That's why DeGeeter is so eager to get legislation on the books in **Ohio**. "It's an epidemic across the Midwest and the country," he said. "As other states enact laws, we must do the same thing to protect our citizens."

Meth labs have become prevalent in the Midwest because the strong odor associated with the manufacture of the drug is harder to detect in rural areas.

But meth manufacturers will cook up the drug just about anywhere, including in moving cars. DeGeeter said a lab set up under an interstate bridge near Cleveland had to be cleaned up by a HAZMAT team.

Hamilton County Sheriff's spokesman Steve Barnett said while meth labs are not a big problem in the county, he still thinks legislation is a good idea.

"It's pretty logical if surrounding states control the sale and we don't, it will increase in **Ohio**," he said. They're going to go where it's easiest to get the ingredients."

Rural counties near Cincinnati have banded together to battle the influx of meth labs that have sprung up there.

"**Ohio** has seen a tenfold increase in meth labs in the last few years," said John **Burke, commander** of the **Warren** County Drug Task Force. "Most of that is in counties like ours."

Burke said there are a number of reasons why the drug has become so popular.

"It's cheap to make, the high lasts a long time and it's extremely addictive," he said. "Once you get addicted it's really hard to get off, so some addicts will begin making it to feed their habit."

Local health officials say it is that addictive quality that makes meth so dangerous.

"When people stop taking it, they fall into a deep depression and as they take it more often, they need more and more to get back up," said Dr. Lawrence Holditch of the Cincinnati Health Department. "The psychological addiction is probably stronger than the physical addiction."

The health concerns go far beyond just meth makers and users, according to Holditch. "This drug can be very dangerous to make and explosions are not uncommon," he said. "These labs jeopardize people in any community where they are made."

Holditch said legislation limiting the amount of cold tablets that can be purchased is a good solution.

"A couple of boxes of these tablets would be enough to get the average person through a lot of colds," he said. "I don't think restricting the sale would inhibit legitimate uses of the drug. On the other hand, it would probably severely curb illegal use."

Walgreens supports sensible solutions to address methamphetamine abuse, corporate spokesman Carol Hively said in a statement.

"During the summer of 2002, Walgreens began voluntarily limiting the sale of products containing pseudoephedrine. Customers may purchase no more than two packages, not to exceed six grams."

DeGeeter said that kind of cooperation, coupled with effective legislation, should help keep the wolves away from the door in **Ohio**.

---- INDEX REFERENCES ----

NEWS SUBJECT: (Judicial (1JU36); Legal (1LE33))

REGION: (USA (1US73); Americas (1AM92); **Ohio** (1OH35); North America (1NO39))

Language: EN

OTHER INDEXING: (CINCINNATI HEALTH DEPARTMENT; HAZMAT; INDIANA; KENTUCKY; MIDWEST; **OHIO**; **WARREN** COUNTY DRUG TASK FORCE) (Burke; Carol Hively; DeGeeter; Hamilton County; Holditch; John Burke; Lawrence Holditch; Sheriff; Steve Barnett; Tim DeGeeter; Walgreens)

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2004 WLNR 16606649

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February 19, 2004

Section: Metro

Ammonia spill evacuates 300
Janice Morse
David Eck

Thief seeking meth ingredient left valve open, officials said

By Janice Morse and David Eck

The Cincinnati Enquirer

PLEASANT PLAIN - A thief trying to steal anhydrous ammonia Wednesday from a fertilizer plant in this **Warren** County community to make methamphetamine created one of the largest spills of its kind in **Ohio**, authorities said.

About 520 gallons of ammonia, which when exposed to air converts into a chemical gas, spilled when thieves trying to siphon the ammonia from a large tank to a smaller one left a valve open, authorities said. About 300 residents were evacuated from their homes for several hours as officials cleaned up the spill.

No one was injured, and police had not arrested anyone.

But officials at Southwest Landmark are growing increasingly frustrated and concerned about the thefts of the ammonia, a farm fertilizer and a main ingredient in the making of methamphetamine.

Thieves have targeted Southwest Landmark more than 20 times in the past several years, company officials said. The company has tried using surveillance cameras, security lighting and police stakeouts to protect its supply.

"We're working on it - hard," said Mike Young, company manager. "I'm afraid this problem is heading our way more and more."

Such thefts are increasing nationwide as popularity and production of methamphetamine mushrooms. The U.S. Drug Enforcement Administration has called meth abuse the nation's fastest-growing drug threat.

And like many fertilizer companies and farmers, Young isn't sure what else he can do to combat the problem.

He has considered putting up fencing, but that could impede access in case of emergency. And, he said, he fears that fences won't stop thieves, who could cut through or crawl under.

"We recognize that it's a growing problem. The number of attempted thefts has been increasing," said John Cornely, spokesman for the **Ohio** Farm Bureau Federation. But neither that group nor the **Ohio** Attorney General's Office keeps track of how many such thefts have struck **Ohio** farmers and co-ops.

The **Warren** County Sheriff's Office took 13 reports of tampering or theft of anhydrous ammonia in 2003. There have been two reported thefts, including Wednesdays, this year, **Sheriff** Tom **Ariss** said.

"This is a pretty major release," said John Burke, commander of the **Warren**-Clinton Drug and Strategic Operations Task Force.

Doug McQuitty, was one of those evacuated after a resident called authorities about 4:30 a.m. to report the smell of ammonia. Residents were allowed back to their home by 8 a.m.

"It's the first time we've actually been evacuated," he said. "You could smell it. It's beginning to become a concern."

"You think they would have come up with something to secure that tank," McQuitty said. "Eventually, somebody is going to get killed."

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MAP

The Cincinnati Enquirer

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---- INDEX REFERENCES ----

INDUSTRY: (Fertilizers (1FE31); Agrochemicals (1AG08); Agriculture (1AG63); Agriculture, Food & Beverage (1AG53))

REGION: (USA (1US73); Americas (1AM92); **Ohio** (1OH35); North America (1NO39))

Language: EN

OTHER INDEXING: (CINCINNATI ENQUIRER; CLINTON DRUG; MAP; **OHIO**; **OHIO** FARM BUREAU; SOUTHWEST LANDMARK; STRATEGIC OPERATIONS TASK FORCE; CINCINNATI ENQUIRER (THE); US DRUG ENFORCEMENT ADMINISTRATION) (David Eck; Doug McQuitty; Eventually; Janice Morse; John Burke; John Cornely; McQuitty; Mike Young; Tom Ariss; Wednesdays)

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March 2, 2004

Section: News

Alert clerk helps bust meth lab
Janice Morse

By Janice Morse

The Cincinnati Enquirer

DEERFIELD TWP. - Among the dozens of customers who passed through the Meijer gas station Sunday night, two stood out to clerk Tony Funk. They were buying automotive starting fluid.

Funk, 20, of Lebanon, said he works on cars as a hobby, so he knows it takes awhile to deplete a single can of starting fluid.

"I thought it was kind of odd that two guys would come in, buy two cans of starter fluid, then act like they weren't together and get into the same van," Funk said.

Police say his suspicions led them to bust a major illegal drug lab and arrest two suspects.

Matthew Musgrove, 38, and Samuel Goodin, 50, face charges of illegal manufacture of methamphetamine, illegal assembly of chemicals, possession of methamphetamine and possession of drug paraphernalia.

They were being held in the **Warren** County Jail awaiting a Mason Municipal Court hearing today.

Authorities say this case is another symptom of Greater Cincinnati's growing problem with "meth" - and that is one reason why **Warren** and five other southern and central **Ohio** counties are trying to get federal funds and expertise to fight the problem. The other counties are Hamilton, Greene, Montgomery, Franklin and Fairfield.

So far this year, **Warren** County has shut down five "meth" labs - just two fewer than all of last year, said John Burke, commander of the **Warren**-Clinton Drug and Strategic Operations Task Force.

He said the latest bust in the 9900 block of Rich Road was among the most significant.

"The amount of paraphernalia and chemicals we found there tells us it's been a very substantial meth lab, capable of producing quite a bit possibly the largest in our area in terms of potential production," Burke said.

Investigators searched the Rich Road home after deputies spotted the van outside and smelled ether and other tell-tale odors they associated with meth production.

The ethyl ether found in automotive starting fluid is one chemical that can be used in an essential step of meth-making process: to help extract pseudoephedrine from over-the-counter cold medications.

Police said they found about 60 cans of starting fluid, a large quantity of peeled-open lithium batteries and about 1,000 empty blister packs of cold medicine along with anhydrous ammonia, all of which can be used to produce meth.

Had it not been for Funk, the Meijer clerk, and fast-acting **Warren** County sheriff's deputies, the lab could have remained undiscovered, he said.

A Meijer gas station clerk for 2½ years, Funk had paid attention to news reports and store fliers warning about starting fluid and other common household chemicals that can be used to make meth, a powerful, addictive stimulant. The cooking process is potentially explosive, and creates toxic and environmentally hazardous waste.

Funk jotted down the van's license plate number and shared his information with store security officers. Soon, the men came into the main Meijer store and bought other items; store security alerted **Warren** County sheriff's deputies.

Sheriff Tom **Ariss** said the deputies acted on instinct and went to areas where meth had been a problem, searching for the van. "Their hunch paid off," he said.

Among the items seized were about 50 cans of starting fluid.

Burke said the deputies and Funk deserve credit for their actions; store manager Ted Bedell said, "We're glad he (Funk) was on his toes."

Funk said he didn't think what he did was a big deal, but he encourages other people to pay more attention to their surroundings. "If more people were more alert, I think it would be a great step toward clearing this problem out of our area," he said.

E-mail jmorse@enquirer.com

Photos provided

Cutline: Samuel Goodin (left) and Matthew Musgrove are facing charges of illegally manufacturing methamphetamine.

Photo provided

Cutline: **Warren** County sheriff's deputies removed about 50 cans of automotive starting fluid from an uncovered meth lab.

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---- INDEX REFERENCES ----

INDUSTRY: (Hazardous Waste (1HA81))

REGION: (USA (1US73); Americas (1AM92); **Ohio** (1OH35); North America (1NO39))

Language: EN

OTHER INDEXING: (CLINTON DRUG AND STRATEGIC OPERATIONS TASK FORCE; DEERFIELD; GREATER CINCINNATI; MASON MUNICIPAL COURT; MEIJER; CINCINNATI ENQUIRER (THE)) (Burke; Fairfield; Funk; Janice Morse; John Burke; Matthew Musgrove; Photo; Photos; Police; Samuel Goodin; Ted Bedell; Tom Ariss; Tony Funk)

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NewsRoom

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America's Most Dangerous Drug

It creates a potent, long-lasting high—until the user crashes and, too often, literally burns. How meth quietly marched across the country and up the socioeconomic ladder—and the wreckage it leaves in its wake. As law enforcement fights a losing battle on the ground, officials ask: are the Feds doing all they can to contain this epidemic?

By David J. Jefferson
Newsweek

Aug. 8, 2005 issue - The leafy Chicago suburb of Burr Ridge is the kind of place where people come to live the American dream in million-dollar homes on one-acre lots. Eight years ago Kimberly Fields and her husband, Todd, bought a ranch house here on a wooded lot beside a small lake, and before long they were parents, with two sons, a black Labrador and a Volvo in the drive. But somewhere along the way this blond mother with a college degree and a $100,000-a-year job as a sales rep for Apria Healthcare found something that mattered more: methamphetamine. The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyperalertness and sexiness that lasts for hours on end. And then it starts destroying lives.

Kimberly tried drug rehab but failed, and she couldn't care for her children, according to divorce papers filed by her husband, who moved out last year. She was arrested three times for shoplifting—most recently, police say, for allegedly stealing over-the-counter cold pills containing pseudoephedrine, the key ingredient used in making meth. By the time cops came banging on her door with a search warrant on June 1, Kimberly, now 37, had turned her slice of suburbia into a meth lab, prosecutors allege, with the help of a man she'd met eight months earlier in an Indiana bar, Shawn Myers, 32. (Both Fields and Myers pleaded not guilty to possessing meth with an intent to distribute, though Kimberly told police that she is addicted to the drug.) Dressed in a pink T shirt printed with the words ALL STRESSED OUT, Kimberly looked about 45 pounds thinner than when police first booked her for shoplifting two years ago. Her leg bore a knee-to-ankle scar from a chemical burn, and police found anhydrous ammonia, also used in cooking meth, buried in a converted propane tank in her backyard. As officers led Kimberly away in handcuffs, her 6-year-old son Nicholas was "only concerned that his brother had his toys and diapers," recalls Detective Mike Barnes. Meanwhile, police evacuated 96 nearby homes, fearing the alleged meth lab might explode.

Once derided as "poor man's cocaine," popular mainly in rural areas and on the West Coast, meth has seeped into the mainstream in its steady march across the United States. Relatively cheap compared with other hard drugs, the highly addictive stimulant is hooking more and more people across the socioeconomic spectrum: soccer moms in Illinois, computer geeks in Silicon Valley, factory workers in Georgia, gay professionals in New York. The drug is making its way into suburbs from San Francisco to Chicago to Philadelphia. In upscale Bucks County, Pa., the Drug Enforcement Administration last month busted four men for allegedly running a meth ring, smuggling the drug from California inside stereo equipment and flat-screen TVs. Even Mormon Utah has a meth problem, with nearly half the women in Salt Lake City's jail testing positive for the drug in one study.

More than 12 million Americans have tried methamphetamine, and 1.5 million are regular users, according to federal estimates. Meth-making operations have been uncovered in all 50 states; Missouri tops the list, with more than 8,000 labs, equipment caches and toxic dumps seized between 2002 and 2004. Cops nationwide rank methamphetamine the No. 1 drug they battle today: in a survey of 500 law-enforcement agencies in 45 states released last month by the

National Association of Counties, 58 percent said meth is their biggest drug problem, compared with only 19 percent for cocaine, 17 percent for pot and 3 percent for heroin. Meth addicts are pouring into prisons and recovery centers at an ever-increasing rate, and a new generation of "meth babies" is choking the foster-care system in many states. One measure of the drug's reach: Target, Wal-Mart, Rite-Aid and other retailers have moved nonprescription cold pills behind the pharmacy counter, where meth cooks have a harder time getting at them.

The active ingredient in those pills is pseudoephedrine, a chemical derivative of amphetamine. The "pseudo" is extracted from the cold pills, and cooked with other chemicals like iodine and anhydrous ammonia—using recipes readily available on the Internet—over high heat. The resulting compound, when ingested, releases bursts of dopamine in the brain, producing a strong euphoric effect.

And, amid the wreckage, a pressing political debate: are we fighting the wrong drug war? The Bush administration has made marijuana the major focus of its anti-drug efforts, both because there are so many users (an estimated 15 million Americans) and because it considers pot a "gateway" to the use of harder substances. "If we can get a child to 20 without using marijuana, there is a 98 percent chance that the child will never become addicted to any drug," says White House Deputy Drug Czar Scott Burns, of the Office of National Drug Control Policy. "While it may come across as an overemphasis on marijuana, you don't wake up when you're 25 and say, 'I want to slam meth!' " But those fighting on the front lines say the White House is out of touch. "It hurts the federal government's credibility when they say marijuana is the No. 1 priority," says Deputy District Attorney Mark McDonnell, head of narcotics in Portland, Ore., which has been especially hard hit. Meth, he says, "is an epidemic and a crisis unprecedented."

Indeed, few municipalities, especially in rural areas, have the resources to deal with the drug's ravages: lab explosions that maim and kill cooks and their families; the toxic mess (for each pound of meth, five pounds of toxic waste are left behind); the strain on social services; the increase in violent crime. "All the social and environmental issues surrounding this drug affect society more than any of the other drugs," says Bill Hansell, president-elect of the National Association of Counties. In its survey of local law enforcement, 70 percent said robberies or burglaries have increased because of meth, as have domestic violence, assaults and identity theft; 40 percent of child-welfare officials reported an increase in out-of-home placements last year due to meth.

State and local officials generally give high marks to the Drug Enforcement Administration, which has increased its meth budget from $127.5 million in fiscal 2001 to $151.4 million in fiscal 2004 (though these figures exclude major expenses like training costs and overtime pay for local task forces)—and sends Mobile Enforcement Teams to areas of the country with limited resources or experience in dealing with meth. The Justice Department is turning up the heat; in a July 18 speech to district attorneys, Attorney General Alberto Gonzales said that "in terms of damage to children and to our society, meth is now the most dangerous drug in America." And the drug czar's office has started to wake up to the problem: last year, for the first time, it took a serious look at meth and outlined what needs to be done to fight it. Its Web site for parents, www.theantidrug.com, now prominently features information like how to "Talk to Your Teen About Meth."

But a growing number of officials around the country want to see more concrete action from the White House. The drug czar's office hasn't made any legislative proposals, or weighed in on any of those coming from Capitol Hill; officials there say they want to get a better sense of what works before throwing their weight around. Members of Congress whose districts have been ravaged by the drug are forcing the issue: the ranks of the House's bipartisan "meth caucus" have swelled from just four founding members in 2000 to 118 today, and the group has been fighting the administration's efforts to cut federal spending on local law enforcement. (The House has voted to restore much of the funding; the issue awaits action in the Senate.) "To the extent that we have to choose between fighting meth and marijuana, we need to be fighting meth," says Sen. Jim Talent,

Republican of Missouri, who along with Sen. Dianne Feinstein, Democrat of California, has introduced the first big federal bill to address the problem, which would put strict restrictions on the sale of pseudoephedrine-based products.

On the Hill last week, the deputy drug czar walked into a buzz saw, as members vented their frustration over his office's level of attention to the problem. "This isn't the way you tackle narcotics," said GOP Rep. Mark Souder of Indiana. "How many years do we have to see the same pattern at an increasing rate in the United States until there's something where we have concrete recommendations, not another cotton-pickin' meeting? ... This committee is trying desperately to say, 'Lead!' " Despite the congressional clamor, the White House has been loath to just throw money at the problem. "Meth is a serious priority for us, as evidenced by programs like drug-endangered children, access to recovery, drug courts and community coalitions, among others," says Tom Riley, spokesman for ONDCP. "I'm afraid there's also an element of people 'crying meth' because it's a hot new drug."

The policy debate doesn't mean much to Terry Silvers, who is one of the victims in this war. Silvers, 34, worked for 19 years at Shaw carpet mill in Dalton, Ga., dreaming of the day he could open his own body shop. He had a wife, three kids and a 401(k), and he'd never missed more than a few days of work his entire life. The only illegal drug he'd tried was pot, which he used twice. One day when he was drinking with his buddies they talked him into doing some meth to wake him up for the drive home. "I snorted a line and within five seconds it was like I'd had 12 hours of sleep and wasn't drunk anymore." Soon, Silvers was snorting once or twice a week. Then someone taught him how to smoke it. When the thrill wore off, he started injecting: "firing" or "slamming," addicts call it. "Golly, it's the best feeling you ever had. It's like your mind is running 100 miles an hour, but your feet aren't moving." His weight dropped so drastically—from 180 pounds to 140—that his wife, Lisa, thought he had cancer. He grew increasingly hyperactive and began having seizures and hallucinations. When his wife figured out what the real problem was, she called the carpet mill and tried to get him into its drug- treatment program. He decided to quit his job rather than get help. Fed up, his wife confronted him one Sunday in May and told him she was leaving. "He hit me and knocked a hole in my eardrum," his wife says. His daughter Heather called 911 as her father was dragging Lisa down the steps of a neighbor's house. When NEWSWEEK met with Terry Silvers earlier this summer, he was in Whitfield County Jail, wearing leg shackles and handcuffs. "I'm not as hardened as all this looks," said a gaunt and embarrassed Silvers, who is charged with manufacturing the drug. "I think meth is one of the plagues the Bible talks about," his wife says.

In urban gay communities from New York to Los Angeles, the meth plague has been linked to an even deadlier one: AIDS. Meth makes many users feel hypersexual and uninhibited, and in the gay community that has meant a sharp increase in unsafe sex. The link between meth and HIV is undeniable: in L.A., nearly one in three homosexual men who tested positive for HIV last year reported using crystal, and that percentage has tripled since 2001, according to a new study of 19,000 men by the Los Angeles Gay Lesbian Center. As in the early days of AIDS, the gay community is fighting to get men to change their behavior: in L.A., activists hand out buttons that declare dump tina (one of meth's many nicknames). But the entreaties fall on ears deafened by meth's siren call. At this spring's annual Black Party in Manhattan, one of the big bacchanals on the gay party circuit, volunteers from Gay Men's Health Crisis handed out condoms to a crowd shaken by recent reports that a meth user had contracted what might be a new, supervirulent strain of HIV. Not 10 feet away, two revelers high on crystal were having unprotected anal sex.

Meth-fueled sex is hardly the exclusive province of gay men. Dr. Alex Stalcup, medical director of New Leaf Treatment Center in Lafayette, Calif., sees plenty of straight high school and college men who use meth to have "speed sex." "They'll get a bunch of speed and go up to a cabin with some girls on Friday night and just have sex all weekend," Stalcup says. The irony is that meth can cause impotence. For many women, weight loss is an even bigger draw. Stalcup tells of one 5-foot-8 patient who weighed less than 90 pounds when she came to him. "People call it the Jenny Crank

diet," says Patrick Fleming, head of the Salt Lake County Division of Substance Abuse Services, which now sees more women with addictions to meth than to alcohol.

A lot of people never saw the meth epidemic coming. Unlike crack cocaine, which erupted in the nation's urban centers in the 1980s and quickly gained the attention of media and government, meth took hold in rural areas far from America's power brokers. "It does not have the same hold on policymakers that crack did 20 years ago. I think that's one of the things that has helped the epidemic build in severity, kind of under the radar," says Jack Riley of RAND Corp., the Santa Monica, Calif., think tank. Methamphetamine isn't a new drug, though it has become more powerful as the ingredients and the cooking techniques have evolved. It was first synthesized by a Japanese chemist in 1919, and was used by both Axis and Allied troops in World War II to keep them alert and motivated; kamikaze pilots were said to have taken high doses of the stuff before their missions. In the 1950s, it was commonly prescribed as a diet aid, to fight depression and give housewives a boost. The federal government criminalized the drug in 1970 for most uses (it's still legally available in low doses for the treatment of attention-deficit disorder and narcolepsy). But by then it was illegally being manufactured and distributed by motorcycle gangs in the West. In the early '90s, Mexican trafficking organizations began taking over production, setting up "superlabs" in the California countryside that were able to crank out 50 pounds of meth or more in a weekend. To put that in perspective: an "eight ball" of meth, one eighth of an ounce, is enough to get 15 people high.

Back when bikers controlled the trade, legislators tried to restrict supplies of the core ingredient they were using to make crank, so nicknamed because they would hide meth in their motorcycles' crankcases. So the cooks simply changed the recipe to use ephedrine, a chemical then found in cold medications. Lawmakers got wise, and clamped down on ephedrine; the cooks switched to a related compound, pseudoephedrine. When the United States began restricting bulk sales of "pseudo" in the mid-1990s, meth manufacturers turned to Canada. They also began buying hundreds of thousands of boxes of Sudafed and other pseudoephedrine-based drugs ("smurfing," cooks call it, when they go from store to store buying or stealing pills). When Canada strengthened regulation of large sales of pseudoephedrine in 2003, production jumped south to Mexico, where pseudo has been arriving in ever-larger doses from Asia. Today about half the meth in the United States is made in Mexico, smuggled across the border and ferried around the country in cars with secret compartments that would make James Bond proud. "It'll be the kind where you turn on the windshield wiper, hit the brakes, hit the door lock and then the compartment will open up," says the DEA's Rodney Benson, special agent in charge of the four-state Seattle Field Division. The DEA is working with its foreign counterparts from Mexico to Hong Kong to intercept pseudoephedrine shipments from overseas and prevent cross-border trafficking into the United States. "I think, increasingly, meth will be seen from our point of view as a smuggled drug," says the agency's Mike Heald.

But meth is a two-front war, and Mexican drug dealers are only part of the problem. Because the drug is relatively easy to make, thousands of labs manned by addicts or local dealers have sprung up around the country. Legislators are now trying to make it harder for these mom-and-pop labs to get their hands on pseudo. Last year Oklahoma became the first state to put pseudoephedrine pills behind the counter; as a result, "meth labs have all but disappeared in Oklahoma," says Mark Woodward, press aide for the Oklahoma Bureau of Narcotics, which reports a 90 percent drop in lab seizures since the legislation was enacted. Seventeen other states have followed Oklahoma's example, and a total of 40 states put some sort of restriction on the sale of pseudo. Drug manufacturers, having fought hard against such laws, have started reformulating their cold medicines using a different chemical—one that cannot be used to make meth.

Still, there will be no easy victory. As law enforcement is all too aware, Anytown, U.S.A., can be turned into a meth den almost overnight. Take Bradford County in northeast Pennsylvania, a place law-enforcement officials nationwide now refer to as Meth Valley. Five years ago a cooker from Iowa named Les Molyneaux set up shop in Towanda, a town of 3,000 along the Susquehanna

River. Hardly anyone in Towanda had heard of the drug, but by the time Molyneaux was arrested and pleaded guilty in 2001 to conspiracy to manufacture meth, he'd shared his recipe with at least two apprentices. From there, "it just spread like wildfire," says Assistant U.S. Attorney Christopher Casey. Today police have identified at least 500 people who are using or cooking the drug in Bradford County, and the actual tally is probably "significantly worse" than that, Casey says. The drug has seduced whole families and turned them into "zombies," says Randy Epler, a police officer in Towanda. "I see walking death."

The sobering fact is that, like addiction itself, this epidemic can only be arrested, not cured. "There are a lot more regular people doing it than society has a clue," says Dominic Ippolito, who for a decade dealt meth to doctors, lawyers, designers, accountants and working moms across California. He also smoked the stuff—every day for 10 years—even as he held down a job as a claims manager for a big supermarket chain. But then he lost his job and started dealing drugs full time. He finally got caught on his 42nd birthday, after a customer fingered him in a plea bargain. He pleaded guilty to two counts of possession with intent to sell. He wound up serving 9 months behind bars, where he got to see firsthand the impact of the drug he dealt. "The whole meth-mouth thing is true: I saw hundreds and hundreds of guys with no teeth. A lot of them couldn't even chew the prison food." Some inmates would grind up antidepressants and snort them, attempting to replicate the high of speed. "They were total meth heads. That's what everybody is in prison."

Now off meth ("that's part of the parole"), the 46-year-old Ippolito says that whatever the government is doing to fight this epidemic, it's failing. He paraphrases a bit of dialogue from the movie "Traffic," in which a defiant drug dealer mocks a DEA agent about the futility of the drug war: "You think you guys are making a difference?!," Ippolito says. They had better. Hundreds of thousands of lives depend on it.

With Hilary Shenfeld, Andrew Murr, Arian Campo-Flores, Sarah Childress, Catharine Skipp, Susannah Meadows, Dirk Johnson, Jessica Silver-Greenberg and Anne Underwood

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My Life as a Drug Dealer

A former meth seller discusses how he got into the business—and why he doesn't think we can win the war against it.

WEB EXCLUSIVE
By Dominic Ippolito
Newsweek
Updated: 5:40 p.m. ET Aug. 1, 2005

Aug. 1, 2005 - There are times when I still find it hard to believe, but for more than a decade, I made my living as a drug dealer. Meth, cocaine, ecstasy, pot, GHB, Special K. You name it, I had it, I sold it. Meth was a distant second to coke when I began but by the end it was by far my most popular product, accounting for half of my sales and two-thirds of my profits. It also became my personal drug of choice, and for 10 years I smoked it every day. It was because of meth that I went to prison and it took prison for me to finally quit meth.

At my peak, I had over 100 customers and was clearing $200,000 a year, tax-free. I was a one-man operation: the CEO, sales staff, shipping department and bookkeeper all rolled into one. I carried two cell phones at all times, one for drug orders, the other for everything else (which wasn't much). Contrary to the image politicians and law enforcement promote, I never lurked around schools and playgrounds peddling dope to America's youth. In fact, not one of my customers was under 30, although plenty were over 50. Most of them were (and still are) hard working, productive members of society, the kind of people you'd never suspect--and rather not know--are habitual drug users. Among them, a half dozen doctors, several lawyers, two research scientists, even a police dispatcher. As my business grew, it also expanded geographically. My "sales territory" covered most of Southern California, stretching from Long Beach to Malibu to Palm Springs to San Diego and back through the wealthy beach towns of "The O.C."

Those were just my vehicular boundaries. I also used overnight delivery companies to ship drugs to select points around the country: meth to New York City and San Francisco, coke to Cleveland and Miami, ecstasy to Chicago, Special K to Atlanta.

Looking back, it's not like I aspired to a life of crime, even with my Sicilian roots and boyhood pride in the Mafia. I grew up in Downey, a white, middle-class suburb of Los Angeles. I was intelligent, a good student, and a three-sport jock. I played clarinet well enough at 14 to be promised a scholarship and travel through Europe with an all-U.S.A. orchestra. I had two younger brothers and well-meaning parents. With my GPA and high SAT score, I was told I could go to college anywhere. But leaving my nerdy clarinet behind, I chose a two-year school with a reputation for partying. It was there in 1978 that I was introduced to my first line of cocaine. I had entered the netherworld of illicit drug use. The dealing started almost by default, when I began looking for a better price than the $100-a-gram I was paying for coke and discovered I could get a full ounce--28 grams--for $1,000. I found myself selling to friends, for little or no profit. When they started pointing their friends in my direction, the charity stopped and the primordial development of a drug dealer had begun.

In the early 90's, after an attempt to settle down had ended in divorce, I began to meet women who were doing meth, not coke. That was a bridge I had no interest in crossing because even I believed once you stepped up to speed, addiction and derailed dreams would follow. But classic rock and cocaine had been replaced by the rave scene and speed, and it was time for me to catch up. The first time I snorted it, I thought, "Whoa!" This high was different from coke; it came on just as fast, yet I was more lucid and acutely alert. It was easy to stay up all night and still make it

through the next day without falling apart. Then I tried smoking it and it was even better, partly because I had never smoked anything else in my life and it was fun, and partly because my nose needed a break from all that abuse. They say it only takes once to get hooked on smoking the stuff, a statement that still sounds preposterous to me. But since it was all I could think about from the moment I took my first drag, who am I to dispute it? Profound changes occurred within weeks: I was drinking and sleeping less, accomplishing more, and losing weight, 20 or 30 pounds in the first few months alone. Sex became an endurance sport I couldn't get enough of. I felt great so much of the time, I couldn't even think of a downside.

But there would be a downside. I was racing toward the poorhouse at breakneck speed. My real job couldn't be blamed: following in my father's footsteps as an insurance adjuster, I had worked my way up to managing the claims department at a big grocery chain. But after several mergers, I was let go. I was so stunned and humiliated, I couldn't bring myself to tell my father for almost a year. Losing my job forced me to consider the unthinkable for the first time: dealing drugs on a fulltime basis. But even if I could overcome the stigma of such an occupation, and handle the risks involved, I didn't have enough customers and my debts were mounting even faster. I applied for a few jobs in claims but when they didn't pan out, my self-esteem hit an all-time low. With a mindset that I had little to lose, I plunged into dealing with the same vigor and work ethic I had displayed in every job I'd ever held.

At first I was deathly afraid I wouldn't make enough to survive, so I did anything I could to increase sales. I ground the cocaine so my customers didn't have to. I delivered anywhere, anytime. I gave out free drugs for new customer referrals. I even took checks. By the end of the first month, I was able to let out a sigh of relief: I had made a profit in excess of $5,000 and it seemed like I was going to make it after all...as long as I didn't get caught. Periodically, as demand dictated, I put new items on the menu; first, ecstasy, then Special K (an animal tranquilizer that is no longer available), then the notorious "date rape" drug, GHB. I sold pot for a while, but it wasn't profitable enough and it took up too much space. I paid about the same amount for meth as I did for coke--approximately $600 an ounce. But the most I could gross on the coke was $1,200 while the meth brought in $2,400. The more popular meth became, the more my profits soared. By the end of my third "fiscal year," meth sales had driven my monthly profit to an average of more than $18,000. Then, in a single moment of betrayal, my world turned upside-down. Early on my 42nd birthday, my oldest and best customer was arrested selling coke that I had sold to him. Thinking he could save his own neck, he set me up that night. I was initially charged with 11 counts of narcotics possession with intent to distribute and spent three days in jail before making bail. I spent the next three years on the outside, fighting my case. The district attorney conceded upfront that the vehicle stop, my detainment, the search of my vehicle and the seizure of evidence had been illegal, and seven of the 11 counts were quickly dismissed. But after 69 court appearances and $120,000 spent in my defense, I lost anyway.

Of course, I was guilty all along. I ended up serving almost 10 months in state prison and I'm about to start my ninth month on parole since release. If I continue to stay clean, and maintain my residence and employment, I could be discharged from parole as early as January. I sell hair transplants now--and I'm pretty good at it--but it saddens me to think that while I have excelled at every job I've ever had, dealing drugs is the only time I felt financially secure. And what about all the money I made? I don't have much to show for it, that's for sure. I never bought any big-ticket items and whatever money the government didn't seize as ill-gotten gains ended up going to my lawyers. I'm more in debt now than when I started dealing full-time. As for prison, it was a nightmare; from the anal cavity search to the last race riot I was compelled to take part in. I also observed first-hand how prolonged meth use ravages the body, particularly teeth. I saw literally hundreds of inmates missing some or most of them. Their teeth were just gone, rotted away. After 10 years of the same kind of chronic meth abuse, all of my teeth are still here, but I worry and wonder how much damage I have done that I cannot see.

I've been asked if I think meth should be legalized, and my answer is no. Do I think the penalties

are too harsh? Yes. Are we winning the war on drugs? Most of the time we're not even picking the right drug to fight. Major League Baseball and Congress are obsessed with steroids, while in basketball, it's marijuana. But ask any player in either sport whet the real problem is, and they'll tell you meth. So what do government and law enforcement do to win the war against meth? Fight another war. Shutting down 100 labs a day nationwide isn't going to make a dent, and locking up every meth user is a costly waste of time. And rehab? Nearly every meth-using inmate I met in prison had plans to go back to using as soon as they're released--random drug testing and the risk of going back to prison be damned! This is a drug that has an insatiable pull even among people who've been off it for several years and who have a tremendous incentive to stay clean--their new-found freedom. The war against meth is complex, and I'm not sure what the answers are. But I do know that the way we're fighting it now makes it an unwinnable one.

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The War on Meth

A DEA special agent describes nearly 20 years of life on the front lines in a battle against a corrosive drug

WEB EXCLUSIVE
By Dennis Wichern
Newsweek
Updated: 5:01 a.m. ET July 31, 2005

July 30 - One of the first cases I worked after joining the Drug Enforcement Administration in 1987 was a methamphetamine lab in southern Missouri. I still remember walking into the farmhouse where manufacturers were cooking the drug. The chemicals looked like flour and rock salt. And then there was all the intricate glassware and tubing: if it hadn't been for the surrounding trash and filth--and if the whole place hadn't smelled like a roomful of urine-soaked diapers on a hot summer day--it would have been a scene out of a college biology class.

Back then, when we raided meth labs, we would just hold our breath. None of us knew to wear protective gear to guard against the chemicals that could have easily seared our lungs or blinded us for life. We just didn't know the full extent of the dangers in those early days.

Our chemists told us that there were 30 different ways of making meth, using everything from a pressure cooker to ethyl ether. But when we went into a meth house, there were four things we could always expect to find: bottles and bottles of Mountain Dew (a drink that, because of its high sugar content, is craved by meth addicts); pornography; "The Poor Man's James Bond" Vol. One and Two (books that detail how to make your own bombs and booby traps); and at least a dozen guns. Meth makes its users paranoid, and its cooks hardly ever come without a fight.

Between 1993 and 1995, regulation of meth-manufacturing equipment and ingredient chemicals like ephedrine and pseudoephedrine was stepped up. That action, along with DEA's enforcement against bulk precursor-chemicals and the prohibition of "box labs" sold by rogue chemical companies that contained everything you needed to produce meth, began to make an impact. We saw a steady decline in meth cases and, eventually, the 30 different ways of making the drug were reduced to two.

But then just as suddenly, we saw the number of cases spike back up. Cooks had guarded their meth recipes with their lives, but with the Internet, the recipes and techniques were now accessible to anyone. Now meth "super labs"--which produced massive quantities of the drug--were no longer the only sources of meth. Cooks started to become younger, too--and many of them had their children in the labs with them. These small labs offered new ways to concoct the same destruction.

When we first started busting down this new breed of lab, we found that instead of using bulk chemicals, the cooks were using pills containing ephedrine or pseudoephedrine that they'd bought at retail stores. If you had told me 15 years ago that cooks would be making meth in that way, I never would guessed they'd sink so low.

I remember one meth trafficker I arrested in southern Missouri who made a point of thanking me after he was convicted. He would be spending the next 17 years of his life behind bars, away from his wife and young children. But he knew he needed help, and prison was the only place he could stay clean. He was sick of the hallucinations of spiders crawling out of his skin, sick of the fact that he hardly had any teeth left from the corrosive effects of meth and sick of the person meth had turned him into.

Meth is worse than we could have ever imagined in the early days of this fight, but the lessons we have learned about its rapid growth and rabid devastation have only pushed us to act smarter and harder against this monster. We have made progress in this battle, but we still have a long way to go.

Wichern is the Assistant Special Agent in Charge at the Indianapolis District Office of the Drug Enforcement Administration

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Getting Help for Meth Users

Here's where you can find more information about the drug and its spread and symptoms.

Updated: 2:56 p.m. ET Aug. 2, 2005

The National Institute of Drug Abuse's Web site provides information including:
· In-depth research on club drugs
· Information to distinguish methamphetamines from other stimulants, like cocaine
· Methamphetamine use among high-school students and teens
· Helping children abandoned at methamphetamine labs

The Rural Assistance Center's Web site includes:
· Frequently asked questions about methamphetamines
· Links to databases with statistical information about methamphetamines
· A glossary of terms and acronyms commonly associated with methamphetamine use, including "meth mouth," "craving" and "super meth labs"

The Substance Abuse and Mental Health Services Administration's Web site provides information including:
· A substance-abuse treatment facility locator
· Physician locator
· A calculator to figure out how much it costs to support a drug habit
· A guide for parents

The Web site of the Lesbian, Gay, Bisexual and Transgender Community Center in New York includes:
· A confidential survey about meth use, with video clips
· Access to counseling services
· Facts and resources for young people

Signs to watch for to tell if your family member or friend is using meth:
· Inability to sleep
· Increased sensitivity to noise
· Nervous physical activity, like scratching
· Irritability, dizziness or confusion
· Extreme anorexia
· Tremors or even convulsions
· Presence of inhaling paraphernalia, such as razor blades, mirrors and straws
· Presence of injecting paraphernalia, such as syringes, heated spoons or surgical tubing

To find treatment centers near you call **SAMHSA**'s help line at **800-662-HELP**.

For information and treatment referrals, call the **National Clearinghouse for Alcohol and Drug Information** at **800-729-6686**.

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U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

February 22, 2006

The Honorable Mark Souder
Chairman
Subcommittee on Criminal Justice, Drug Policy,
and Human Resources
Committee on Government Reform
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

Please find enclosed responses to questions directed to Gary W. Oetjen, Assistant Special Agent in Charge of DEA's Louisville District Office, after his testimony at the Subcommittee's August 23, 2005 hearing entitled "Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts."

The Office of Management and Budget has advised us that from the perspective of the Administration's program, there is no objection to submission of this letter. Please do not hesitate to call upon us if we may be of additional assistance.

Sincerely,

William E. Moschella

William E. Moschella
Assistant Attorney General

Enclosure

cc: The Honorable Elijah Cummings
Ranking Minority Member

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

"Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts"

August 23, 2005

Questions directed to:

Gary W. Oetjen
Assistant Special Agent in Charge
Louisville District Office
Drug Enforcement Administration

1. **What is your agency's best estimate of the percentage of methamphetamine consumed in Ohio that is manufactured outside the state?**

   Just as there is no precise breakdown for the percentage of methamphetamine consumed in the United States that is manufactured outside this country, there is also no precise breakdown regarding the consumption of methamphetamine in Ohio. Nationally, current drug and lab seizure data suggests that approximately two-thirds of the methamphetamine used in the United States comes from larger labs, increasingly located outside the United States, and that approximately one-third of the methamphetamine consumed in this country comes from medium-to-small domestic laboratories.

2. **What is your agency's best estimate of the percentage of methamphetamine consumed in the United States that is manufactured in Mexico?**

   Current drug and lab seizure data suggests that approximately two-thirds of the methamphetamine used in the United States comes from larger labs, which are increasingly located outside the United States, and that approximately one-third of the methamphetamine consumed in this country comes from medium-to-small domestic laboratories.

3. **During the hearing, you mentioned that methamphetamine is frequently used as a "club drug." Please describe this phenomenon, including your estimate of how widespread this type of use is in the areas covered by your office.**

   During fiscal year 2004, the Drug Enforcement Administration's (DEA) Cleveland Resident Office noted an interstate trafficking organization which was involved in the distribution of 3, 4-methylenedioxymethamphetamine (MDMA), gamma hydroxybutyric acid (GHB), ketamine, cocaine, heroin and kilogram quantities of crystal methamphetamine in the "club drug" community. In Ohio, distribution of these drugs occurred in the cities of Cleveland, Akron, and Columbus. Members of this organization often went from "club to club" to complete their drug transactions, as well as to consume the drugs.

In Ohio, "raves" are often referred to as "circuit parties" and some of the defendants within this organization served as sponsors for these "circuit parties." Since the dismantling of this organization, the DEA has not again encountered this level of methamphetamine distribution in Ohio's "club drug" community. Though this poly-drug organization exhibited a unique distribution network, the DEA in Ohio does not view this as an emerging trend or threat within the State of Ohio.

4. **During the hearing, you also mentioned a unique meth lab site containment program used in the state of Kentucky. Please describe this program. You may attach any supplemental materials relating to that program that you believe would be of value to the Subcommittee in understanding its purposes and how it works.**

In an effort to further reduce the cost of cleaning up clandestine labs, in December 2003 the DEA joined the Kentucky State Police to establish a pilot clandestine lab "container program" in Kentucky. Prior to the initiation of this program, the DEA conducted a cost analysis study and determined that implementation of a container program was not only feasible but -- after initial start-up costs for vehicles, containers, and training -- would result in significant savings to the government. The container program enables officers, in most cases,* to immediately transport the hazardous waste to a centrally located container site, thereby minimizing the length of time the officers have to remain at the lab site, the amount of overtime required, and resulting overtime costs for the agencies.

Utilizing discretionary funds obtained from the Community Oriented Policing Services (COPS) program, 16 hazardous waste storage containers were purchased and strategically located at secure state-administered facilities throughout the state. When a clandestine laboratory is seized, trained law enforcement officials characterize the hazardous waste at the site and, if appropriate, segregate, package, and remove the waste to the nearest container site. Upon notification from the state officials, the DEA's hazardous waste disposal contractors are dispatched to the collection stations to pick-up, remove, and properly dispose of the hazardous waste.

Some of the specific provisions of the container program include the following:

- "Collection stations" are staffed by trained personnel 24 hours per day, 7 days per week.
- Only properly trained and equipped certified technicians deposit hazardous waste associated with clandestine laboratories at designated collection stations.
- All hazardous waste stored in state-authorized collection stations is removed and disposed of within one week of notification that waste is present at the station, by the DEA's hazardous waste contractors (subject to the availability of funds).
- Disposal services are conducted in accordance with all applicable federal, state, and local requirements.

From January 2004 through the end of the third quarter of FY 2005, the DEA's hazardous waste disposal contractors removed hazardous waste from 679 clandestine laboratories at container sites in Kentucky at an average cost of $290 per cleanup. Utilizing the national

average cost of $1,940 per cleanup occurring at the actual clandestine laboratory site, the "container program" saved an average of $1,650 per cleanup. Using these average cleanup costs, the total savings in the cleanup of these 679 labs in Kentucky via the "container program" versus "on-site" cleanup was $1,120,350. This cost savings does not reflect the start-up costs of the program, which are estimated at over $500,000. The start-up costs include the containers, vehicles/trailers, and training. As a result of the success of the Kentucky pilot program, the container program will be expanded into a number of other states beginning in FY 2006.

*If any acutely toxic waste (materials that are considered to be immediately dangerous to life or health and hazardous materials in amounts that are beyond a law enforcement officer's ability to manage) is found at the clandestine laboratory site, the hazardous waste cannot be transported to the container stations. In these cases, the cleanup must be performed at the site.