AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

STOPPING THE METHAMPHETAMINE EPIDEMIC: LESSONS FROM OREGON'S EXPERIENCE

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

FIRST SESSION

OCTOBER 14, 2005

Serial No. 109–144

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpoaccess.gov/congress/index.html
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

27–723 PDF WASHINGTON : 2006

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON GOVERNMENT REFORM

TOM DAVIS, Virginia, *Chairman*

CHRISTOPHER SHAYS, Connecticut
DAN BURTON, Indiana
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
JOHN L. MICA, Florida
GIL GUTKNECHT, Minnesota
MARK E. SOUDER, Indiana
STEVEN C. LATOURETTE, Ohio
TODD RUSSELL PLATTS, Pennsylvania
CHRIS CANNON, Utah
JOHN J. DUNCAN, JR., Tennessee
CANDICE S. MILLER, Michigan
MICHAEL R. TURNER, Ohio
DARRELL E. ISSA, California
GINNY BROWN-WAITE, Florida
JON C. PORTER, Nevada
KENNY MARCHANT, Texas
LYNN A. WESTMORELAND, Georgia
PATRICK T. MCHENRY, North Carolina
CHARLES W. DENT, Pennsylvania
VIRGINIA FOXX, North Carolina

HENRY A. WAXMAN, California
TOM LANTOS, California
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
CAROLYN B. MALONEY, New York
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
DANNY K. DAVIS, Illinois
WM. LACY CLAY, Missouri
DIANE E. WATSON, California
STEPHEN F. LYNCH, Massachusetts
CHRIS VAN HOLLEN, Maryland
LINDA T. SANCHEZ, California
C.A. DUTCH RUPPERSBERGER, Maryland
BRIAN HIGGINS, New York
ELEANOR HOLMES NORTON, District of Columbia

BERNARD SANDERS, Vermont (Independent)

MELISSA WOJCIAK, *Staff Director*
DAVID MARIN, *Deputy Staff Director/Communications Director*
ROB BORDEN, *Parliamentarian/Senior Counsel*
TERESA AUSTIN, *Chief Clerk*
PHIL BARNETT, *Minority Chief of Staff/Chief Counsel*

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

MARK E. SOUDER, Indiana, *Chairman*

PATRICK T. MCHENRY, North Carolina
DAN BURTON, Indiana
JOHN L. MICA, Florida
GIL GUTKNECHT, Minnesota
STEVEN C. LATOURETTE, Ohio
CHRIS CANNON, Utah
CANDICE S. MILLER, Michigan
GINNY BROWN-WAITE, Florida
VIRGINIA FOXX, North Carolina

ELIJAH E. CUMMINGS, Maryland
BERNARD SANDERS, Vermont
DANNY K. DAVIS, Illinois
DIANE E. WATSON, California
LINDA T. SANCHEZ, California
C.A. DUTCH RUPPERSBERGER, Maryland
MAJOR R. OWENS, New York
ELEANOR HOLMES NORTON, District of Columbia

EX OFFICIO

TOM DAVIS, Virginia
HENRY A. WAXMAN, California

MARC WHEAT, *Staff Director*
NICK COLEMAN, *Professional Staff Member*
MARK PFUNDSTEIN, *Professional Staff Member*
MALIA HOLST, *Clerk*

CONTENTS

	Page
Hearing held on October 14, 2005	1
Statement of:	
Benson, Rodney, Special Agent in Charge, Seattle Field Division, Drug Enforcement Administration; Chuck Karl, Oregon HIDTA; and Dave Rodriguez, Northwest HIDTA	11
Benson, Rodney	11
Karl, Chuck	21
Rodriguez, Dave	41
Evinger, Tim, sheriff, Klamath County; Karen Ashbeck, mother and grandmother; John Trumbo, sheriff, Umatilla County; Rick Jones, Choices Counseling Center; Kathleen Deatherage, director of public policy, Oregon Partnership, Governor's Meth Task Force; Tammy Baney, Chair, Deschutes County Commission on Children and Families; and Shawn Miller, Oregon Grocery Association	74
Ashbeck, Karen	116
Baney, Tammy	135
Deatherage, Kathleen	128
Evinger, Tim	74
Jones, Rick	124
Miller, Shawn	139
Trumbo, John	118
Letters, statements, etc., submitted for the record by:	
Baney, Tammy, Chair, Deschutes County Commission on Children and Families, prepared statement of	137
Benson, Rodney, Special Agent in Charge, Seattle Field Division, Drug Enforcement Administration, prepared statement of	14
Deatherage, Kathleen, director of public policy, Oregon Partnership, Governor's Meth Task Force, prepared statement of	131
Evinger, Tim, sheriff, Klamath County, prepared statement of	78
Jones, Rick, Choices Counseling Center, prepared statement of	127
Karl, Chuck, Oregon HIDTA, prepared statement of	24
Miller, Shawn, Oregon Grocery Association, prepared statement of	141
Rodriguez, Dave, Northwest HIDTA, prepared statement of	43
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, prepared statement of	6
Trumbo, John, sheriff, Umatilla County, prepared statement of	121

STOPPING THE METHAMPHETAMINE EPIDEMIC: LESSONS FROM OREGON'S EXPERIENCE

FRIDAY, OCTOBER 14, 2005

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

The subcommittee met, pursuant to notice, at 2:20 p.m., at the Pendleton City Council Chambers, 500 S.W. Dorion Avenue, Pendleton, OR, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder and Walden.

Staff present: Nick Coleman and Mark Pfundstein, professional staff members; and Malia Holst, clerk.

Mr. SOUDER. Before we formally start the hearing, I'm going to yield to Congressman Walden to make some opening comments.

Mr. WALDEN. Thank you very much, Chairman Souder. We appreciate you being here. I want to, first of all, welcome you and your staff, and let you know that we're sitting in the same room where on March 4th I hosted nearly a 3-hour methamphetamine town hall summit with a crowd about this big or a little larger.

It was our seventh in a series. And it took place on a Friday night. And we had a big turnout, which I think showed the level of concern in this region and this community about the problems of methamphetamine.

I'd certainly like to recognize and thank a number of dignitaries who are in the audience today, and start with State representative Bob Jensen who is here. Bob, we welcome you and the work that you've done back there in the legislature along with your colleagues to really put Oregon out in the forefront in the battle on methamphetamine.

I'd like to welcome our Umatilla County commissioners; Dennis Doherty, Emile Holeman, and Bill Hansell. And, as you know, Bill is chairman of the National Association of Counties and has made the fight on methamphetamine his signature issue as head of this national organization.

I know he's going to be in your State tomorrow as part of the Indiana Counties Association meeting and will be speaking there. I believe Congressman Lamoreau—or, excuse me—Commissioner Lamoreau and Commissioner McClure are both here from Union County. We welcome them as well.

I think Judge Tallman from Morrow County will be joining us soon, if he's not arrived already. And, obviously, we have a lot of local law enforcement officials. I won't go through and introduce them all, Mr. Chairman, but you met with most of them in our meeting prior to this one.

And I want to tell you it's this law enforcement community—and I've said it before private and public—that really put this issue on my agenda because of the passion they felt about the problem they faced. And it is from that that's led all the way to here and the hearing that you're hosting.

I'd also like to welcome representatives from my friend and colleague Senator Gordon Smith's office, Larry Garthy and Rich Cricket I believe are both here, along with the U.S. Attorney's Office, U.S. Attorney Karin Immergut.

And so I'd like to thank our witnesses, I'd like to thank the city of Pendleton for opening up this room for us. And for those of you who were here in time to see this DVD—and, Mr. Chairman, I'll make sure you have a copy of it. It's called "Messed Up." This was produced and funded by a company out of Klamath Falls called Jeldwin Corp.

And I don't know what you all thought of it, but I thought it was one of the most powerful messages I've seen on this issue, and I know that they will make it available to organizations and individuals.

I also want to thank Ken McGee who I know is here in the front row. Ken is with the DEA. And I've got to tell you, Mr. Chairman, he attended all seven of our methamphetamine summits, and that included one at I think 8 a.m. in Grants Pass and one here at 7 p.m. So, Kenny, good to see you and thanks for being here.

Mr. Chairman, I'll yield back to you and welcome you here to Pendleton, OR.

Mr. SOUDER. Thank you very much.

The subcommittee will come to order. Good afternoon, and thank you all for being here. This hearing continues our subcommittee's work on the growing epidemic of methamphetamine trafficking and abuse. I'd like to thank my colleague, Congressman Greg Walden, for inviting me to Pendleton today.

Congressman Walden has been a strong advocate in the House for a more effective anti-meth strategy, and I am grateful both for his leadership and for the assistance that he and his staff provided in setting up this hearing.

With the exceptions of California and Hawaii, the Pacific Northwest has been dealing with meth longer than any other region in the country, so I don't have to tell anyone here about how powerful, dangerous, and destructive a drug it is. In fact, as the title of this hearing indicates, our purpose is to learn from you about how your communities have been suffering from meth and how you have responded. Congress is currently working on several key pieces of anti-meth legislation, and I hope the information we gather at this hearing will help us in that effort.

This is actually the 11th hearing focusing on meth held by this subcommittee since I became chairman in 2001 and the seventh field hearing. In places as diverse as Indiana, Arkansas, Hawaii, Minnesota, and Ohio, I have heard gripping testimony about how

this drug has devastated lives and families. This is in addition to meetings in Louisiana, Washington State and others, with local law enforcement like we had here this morning.

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.

At each hearing we try to get a picture of the state of meth trafficking and abuse in the local area by asking three questions. First, where does the meth in the area come from and how do we reduce the supply?

Second, how do agencies and organizations in the area get people into treatment, and how do we try to keep young people from starting meth use in the first place?

And, finally, how is the Federal Government partnering with State and local agencies to deal with this problem, and how can that partnership be improved?

The question of meth supply divides into two separate issues, because this drug comes from two major sources. The most significant source—in terms of the amount produced—comes from the so-called super labs, which until recently were mainly in California, but are now increasingly located in northern Mexico.

By the end of the 1990's, these superlabs produced over 70 percent of the Nation's supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. The national trend holds true here in the Pacific Northwest, as well; for example, it is estimated that 80 to 90 percent of the meth in Portland is brought in by Mexican drug traffickers.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called clandestine or clan labs, have proliferated here as they have throughout the country, often in rural areas. For example, Oregon reported 352 such lab seizures, and Washington State 422. These are high numbers, although by comparison Indiana reported 587 labs and Missouri 1,115 labs during the same year.

And, by the way, I want to make a note. Any of you who want a lab rate on this are fine. Every State is on the report. I believe that's probably a third of my district, local law enforcement has taken down more than 587 in the whole State.

But the total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create—in the form of toxic chemical pollution and chemical fires—make them a serious problem for local communities, particularly the State and local law enforcement agencies forced to uncover and clean them up.

Children are often found at the meth labs and frequently suffer from severe health problems as a result of the hazardous chemicals used.

So how do we reduce the supply? Since meth has no single source, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many States have passed various forms of retail restrictions on meth precursor chemicals like pseudoephedrine—used in cold medicines. Some States limit

the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies.

Here in Oregon, the State government has gone so far as to make pseudoephedrine prescription-only medication. I have some concerns about whether the law enforcement benefit of these restrictions is significant enough to justify the burden on consumers, retailers, and the health care system, but I'm looking forward to hearing from our witnesses today about that subject.

However, regardless of which retail sales regulations are enacted by the State or Federal Government, they will not reduce the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico, which appears to be on the rise, or better control of drug smuggling on our Southwest border, or both.

The Federal Government, in particular the Departments of Justice, State, and Homeland Security, will have to take the lead if we are to get results.

The next major question is demand reduction—how do we get meth addicts to stop using? How do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the State and local level, with assistance from the Federal Government, including Drug Court programs—which seek to get meth drug offenders into treatment programs in lieu of prison time; the Drug-Free Communities Support Program—which assists community anti-drug coalitions with drug use prevention; and the President's Access to Recovery treatment initiative—which seeks to broaden the number of treatment providers.

But we should not minimize the task ahead; this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the Federal Government can best partner with State and local agencies to deal with meth and its consequences. Perhaps the best example of this kind of partnership is the High Intensity Drug Trafficking Areas [HIDTA] program, which brings together Federal, State, and local law enforcement agencies in cooperative, anti-drug operations and intelligence sharing.

There are HIDTAs in both Oregon and Washington State, and I am pleased that the directors of both were able to join us today. Other programs designed to help State and local communities include the Byrne grants and COPS; Meth Hot Spots programs—which help fund anti-meth law enforcement task forces; the DEA's fund for meth lab cleanup costs; and the Safe and Drug-Free Schools program, which ideally should help schools provide anti-meth education.

However, we will never have enough money, at any level of government, to do everything we might want to do with respect to meth. That means that Congress and State and local policymakers need to make some tough choices about which activities and programs to fund, and at what level.

We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

The House and Senate are currently considering a number of different bills concerning meth, and I am hopeful that we will be able to take strong, effective action before the end of the year. Together with Jim Sensenbrenner, chairman of the House Judiciary Committee, Majority Leader Roy Blunt, the four co-chairs of the Congressional Meth Caucus, Congressman Walden, and over 40 other Members, I recently introduced H.R. 3889, the Methamphetamine Epidemic Elimination Act, which would authorize new regulations of precursor chemicals, tougher criminal penalties for major meth traffickers, and monitoring of the international market for precursors.

We may be able to get that bill to the House floor for a vote by next month. But numerous other proposals, including classifying pseudoephedrine as a "Schedule V" narcotic under Federal law, will have to be considered by Congress as well.

We have an excellent group of witnesses today who will help us make sense of these complicated issues. On our first panel, which by tradition of this committee is always the Federal panel as our first priority as oversight of the Federal Government, we are joined by Mr. Rodney Benson, Special Agent in Charge of DEA's Seattle Field Division; and Directors Chuck Karl of the Oregon HIDTA and Dave Rodriguez of the Northwest HIDTA.

On our second panel, we are pleased to be joined by Karen Ashbeck, a mother and grandmother who has spoken out about meth abuse within her own family; Sheriff John Trumbo of Umatilla County and Sheriff Tim Evinger of Klamath County; Rick Jones of Choices Counseling Center; Kathleen Deatherage, Director of Public Policy for the Oregon Partnership—Governor's Meth Task Force; Tammy Baney—is that right?—Chair of the Deschutes County Commission on Children and Families; and Shawn Miller of the Oregon Grocery Association.

We thank each and every one of you for taking the time to join us today and look forward to your testimony.

I yield to Congressman Walden.

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

Opening Statement
Chairman Mark Souder

"Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest"

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

October 14, 2005

Good afternoon, and thank you all for coming. This hearing continues our Subcommittee's work on the growing epidemic of methamphetamine trafficking and abuse. I'd like to thank my colleague, Congressman Greg Walden, for inviting me to Pendleton today. Congressman Walden has been a strong advocate in the House for a more effective anti-meth strategy, and I am grateful both for his leadership, and for the assistance that he and his staff provided in setting up this hearing.

With the exceptions of California and Hawaii, the Pacific Northwest has been dealing with meth longer than any other region of the country, so I don't have to tell anyone here about how powerful, dangerous, and destructive a drug it is. In fact, as the title of this hearing indicates, our purpose is to learn from you about how your communities have been suffering from meth, and how you have responded. Congress is currently working on several key pieces of anti-meth legislation, and I hope that the information we gather at this hearing will help us in that effort.

This is actually the eleventh hearing focusing on meth held by the Subcommittee since I became chairman in 2001, and the seventh field hearing. In places as diverse as Indiana, Arkansas, Hawaii, Minnesota, and Ohio, I have heard gripping 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.

At each hearing we try to get a picture of the state of meth trafficking and abuse in the local area, by asking three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do agencies and organizations in the area get people into treatment, and how do they try to keep young people from starting meth use in the first place? And finally, how is the federal government partnering with state and local agencies to deal with this problem, and how can that partnership be improved?

The question of meth supply divides into two separate issues, because this drug comes from two major sources. The most significant source (in terms of the amount produced) comes

from the so-called "superlabs," which until recently were mainly in California, but are now increasingly located in northern Mexico. By the end of the 1990's these superlabs produced over 70 percent of the nation's supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. That national trend holds true here in the Pacific Northwest, as well; for example, it is estimated that 80 to 90 percent of the meth in Portland is brought in by Mexican drug traffickers.[1]

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "clan" (i.e., clandestine) labs, have proliferated here as they have throughout the country, often in rural areas. Last year, for example, Oregon reported 352 such lab seizures, and Washington state 422. Those are high numbers, although by comparison, Indiana reported 587 labs, and Missouri 1,115 labs during the same year.[2]

The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create (in the form of toxic chemical pollution and chemical fires) make them a serious problem for local communities, particularly the state and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used.

So how do we reduce the supply? Since meth has no single source, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states have passed various forms of retail sales restrictions on meth precursor chemicals like pseudoephedrine (used in cold medicines). Some states limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Here in Oregon, the state government has gone so far as to make pseudoephedrine a prescription-only medication. I have some concerns about whether the law enforcement benefit of these restrictions is significant enough to justify the burden on consumers, retailers, and the health care system, but I am looking forward to hearing from our witnesses today about that subject.

However, regardless of which retail sales regulations are enacted by the state or the federal government, they will not reduce the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico – which appears to be on the rise[3] – or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

The next major question is demand reduction – how do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the state and local level, with assistance from the federal government, including drug court programs (which seek to get meth drug offenders into treatment programs in lieu of prison time); the Drug-Free Communities Support Program (which

---

1 "Home Labs May Soon Vanish, But Not Meth," *The Oregonian*, June 23, 2005.
2 Source: El Paso Intelligence Center (EPIC) data.
3 See *The Mexican Connection*, Steve Suo, The Oregonian, June 5, 2005

assists community anti-drug coalitions with drug use prevention); and the President's Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers). But we should not minimize the task ahead: this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the federal government can best partner with state and local agencies to deal with meth and its consequences. Perhaps the best example of this kind of partnership is the High Intensity Drug Trafficking Areas program ("HIDTA"), which brings together federal, state, and local law enforcement agencies in cooperative, anti-drug operations and intelligence sharing. There are HIDTAs in both Oregon and Washington state, and I am pleased that the directors of both were able to join us today. Other programs designed to help state and local communities include the Byrne Grants and COPS Meth Hot Spots programs (which help fund anti-meth law enforcement task forces); the DEA's fund for meth lab cleanup costs; and the Safe and Drug-Free Schools program, which ideally should help schools provide anti-meth education.

However, we will never have enough money, at any level of government, to do everything we might want to with respect to meth. That means that Congress, and state and local policymakers, need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

The House and Senate are currently considering a number of different bills concerning meth, and I am hopeful that we will be able to take strong, effective action before the end of the year. Together with Jim Sensenbrenner, chairman of the House Judiciary Committee, Majority Leader Roy Blunt, the four co-chairs of the Congressional Meth Caucus, Congressman Walden, and over 40 other Members, I recently introduced H.R. 3889, the Methamphetamine Epidemic Elimination Act, which would authorize new regulations of precursor chemicals, tougher criminal penalties for major meth traffickers, and monitoring of the international market for precursors. We may be able to get that bill to the House floor for a vote by next month. But numerous other proposals, including classifying pseudoephedrine as a "Schedule V" narcotic under federal law, will have to be considered by Congress as well.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. On our first panel, we are joined by Mr. Rodney Benson, Special Agent in Charge of the DEA's Seattle Field Division; and Directors Chuck Karl of the Oregon HIDTA, and Dave Rodriguez of the Northwest HIDTA.

On our second panel, we are pleased to be joined by Karen Ashbeck, a mother and grandmother who has spoken out about meth abuse within her own family; Sheriff John Trumbo of Umatilla County, and Sheriff Tim Evinger of Klamath County; Washington State Senator Jerome Delvin; Rick Jones of Choices Counseling Center; Kaleen Deatherage, Director of Public Policy for the Oregon Partnership - Governor's Meth Task Force; Tammy Baney, Chair of the Deschutes County Commission on Children and Families; and Shawn Miller of the Oregon Grocery Association. We thank everyone for taking the time to join us today, and look forward to your testimony.

Mr. WALDEN. Thank you very much, Mr. Chairman. Again, thank you for being here. I also want to recognize the mayor of Pendleton, Phil Houk, who is in the back of the room, or was, and we appreciate his participation in this as well.

I'm looking forward today to hearing from our witnesses, so I'll keep my remarks brief. But one of the things that I think where we've achieved some success is getting the HIDTA designation for Umatilla County. And just last week, it's my understanding HIDTA has freed up the first $100,000 for distribution, so I look forward, Mr. Karl, to hearing your comments about what that really means on the ground for the law enforcement community.

There are a number of issues from the Drug Enforcement Administration. I met with a group in my office in Washington last week to talk about some of these, but I'd be curious to hear what you have to say about the drug trafficking issues, as well as hopefully we can get back to getting some additional help in this part of the region.

For a while there was a DEA agent that was assigned to help in this area. I worked with Asa Hutchinson when he was at DEA, trying to get that done, and I continue to hear the request for that help. And so I continue to convey that at every level.

But I also want to hear, too, about the proposal, if you know, the pilot program in Kentucky dealing with the cleanup efforts in rural areas, the Container Program. I'd be curious to hear what Oregon has to say about that as well. Because, again, one of the issues I hear about in the rural areas is the high cost of the cleanup. Not the cleanup itself necessarily, but having to assign officers to watch over one of these sites until the cleanup crew can arrive.

And I guess Kentucky has experimented with some Container Programs that can—my understanding is cost per lab cleanup there is down to $290, where nationwide it's $1.940. I know there are some other issues associated with that, but we welcome your comments on that.

And, finally, Mr. Chairman, I've been after my own committee, the Energy and Commerce Committee, to also do some oversight hearings on the jurisdiction we have on environmental issues and health issues. And I'm pleased to announce that Chairman Barton has agreed to begin that process I understand maybe as early as next week we'll begin to have some hearings on the jurisdiction we have in Energy and Commerce on this issue.

Clearly, we're all in this together, whether in the Congress, in the city council, or grandparent or parent. This is a problem that is tearing apart the fabric of our community, our State, and our country. It has international implications and it has local implications. And we're here today to hear how best we can resolve the problems we face and take what we learn here back to Washington and hopefully be a better partner.

So with that, Mr. Chairman, thank you again for coming out and enjoy the great Northwest and holding this hearing. Thank you.

Mr. SOUDER. Thank you.

First, I'd like to do a couple of procedural matters. I'd ask that all Members present submit their statements and questions into the hearing record. Any written answers to questions provided by

them will also be included in the record without objection. So ordered.

I'd request that all Members present be permitted to participate in the hearing without objection. So ordered.

Let me just briefly explain what this committee is and how we proceed here. First off, what's been unusual about much of what we've been doing is it's very bipartisan. My ranking member, Elijah Cummings, has been aligned with this. It is not the easiest thing in various parts of Congress to be able to get clearances to be able to do what I just read there.

Basically what that means is that in this particular case, Mr. Cummings isn't here today, but he's letting the hearing go ahead because we don't have a partisan position on this issue. We also allow Members from the region or the individuals to participate in our subcommittee, which is not always true in other committees. And so while that sounded technical, it was critical and it shows the bipartisan nature of what we're doing.

The second thing is, to briefly explain, in the congressional process, an authorizing committee like the committee that Mr. Walden was just referring to on Energy and Commerce, would pass legislation out of Congress that sets parameters on how the law works. The appropriations committee then can fund inside the limits in the policies that are set by the authorizing committee.

The Government Reform Committee then has jurisdiction to review those policies to see if they're being implemented by the executive branch in the way that Congress intended.

Actually, the oversight committee preceded the authorizing committee. It used to just be oversight and appropriations, and the authorizers came in later.

And we have a wide scope, probably the best, while our committee did lapse on the oversight over the last administration's adventures, probably the best thing we're known for right now is Mark McGwire basically said he didn't want to talk about the past.

You'll see each of the witnesses has to be sworn in, as an oversight committee, and Rafael Palmeiro is learning what it means to violate that oath. And the only question was, was he on steroids while he testified or not. If he was, he's going to go to jail for perjury. So we don't take it lightly.

We also, as an oversight committee, have a right to subpoena any records, e-mails, phone calls, as we did in the travel office questions, as we did in other things with the administration.

Now, what's a little unusual about this subcommittee is we're also an authorizing subcommittee on ONDCP. So Nick Coleman, the counsel of this subcommittee, has already met most of the HIDTAs around the country as we drafted the bill that passed through the committee and is pending coming to the House floor, mostly held up right now with the steroids fight, who has jurisdiction over the steroids legislation, but defines the parameters of what the HIDTAs do, how many HIDTAs we're going to need, how much money goes into the HIDTAs, as well as the National Ad Campaign and other things.

So we're both an authorizing and oversight committee. But I wanted to give you that idea of what this committee is and how it differs from a lot of the other committees that you see.

We usually do our hearings in Washington, but in my subcommittee, we've been trying to get out in the field more because we can hear a little more diversity and it costs a lot less than everybody coming to Washington.

Now, our first panel is composed, as I said, of Rodney Benson, Special Agent in charge of the Seattle Field Division of DEA; Chuck Karl, Director of the Oregon High Intensity Drug Trafficking Area; and Dave Rodriguez, Director of the Northwest High Intensity Drug Trafficking Area.

I mentioned that we have to swear you all in, so if you'll each stand and raise your right hands.

[Witnesses sworn.]

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

We have a little light here that basically is 5 minutes; theoretically, the yellow comes on at 4. In a field hearing we're a little more generous with that, but that enables us to have time for questioning that will also be inserted in the record. And I look forward to your testimony. Mr. Benson.

STATEMENTS OF RODNEY BENSON, SPECIAL AGENT IN CHARGE, SEATTLE FIELD DIVISION, DRUG ENFORCEMENT ADMINISTRATION; CHUCK KARL, OREGON HIDTA; AND DAVE RODRIGUEZ, NORTHWEST HIDTA

STATEMENT OF RODNEY BENSON

Mr. BENSON. Chairman Souder, Congressman Walden, thank you very much. My name is Rodney Benson. I'm the Special Agent in charge of the Drug Enforcement Administration's Seattle Field Division which encompasses the States of Washington, Oregon, Idaho, and Alaska.

On behalf of DEA's Administrator, Karen Tandy, I appreciate your invitation today regarding DEA's efforts in the Pacific Northwest to combat methamphetamine.

Unlike some regions of the country, for the Pacific Northwest methamphetamine is not a new phenomenon. Law enforcement in the Pacific Northwest for well over 20 years has been dealing firsthand with the devastating effects of this drug, which has spread eastward and is now impacting communities across the Nation.

In the Pacific Northwest 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.

Methamphetamines found in the United States originates from two general sources controlled by two distinct groups. Most of the methamphetamines found in the United States is produced by Mexico-based and California-based Mexican traffickers whose organizations control superlabs and produce the majority of methamphetamine available throughout the country. Current data suggests that roughly two-thirds of the methamphetamine consumed in the United States comes from larger labs increasingly in Mexico.

The second source for methamphetamines in this country comes from small toxic labs which produce relatively small amounts of

methamphetamine and are not generally affiliated with major trafficking organizations. A precise breakdown is not available, but it is estimated that these labs are responsible for approximately one-third of the methamphetamine consumed in this country.

Methamphetamine is very significant, it is a very significant illicit drug threat that faces the Seattle field Division. Demand, availability, and abuse of methamphetamine remain high in all areas of the Pacific Northwest. The market for methamphetamine both in powder and crystal form in Oregon and Washington is dominated by Mexican drug trafficking organizations.

Small toxic labs producing anywhere from a few grams to several ounces of methamphetamine operate within each State. These labs present unique problems to law enforcement and communities of all facets. The DEA both nationally and in the Seattle Field Division focuses its overall enforcement operations on the large regional, national, and international drug trafficking organizations responsible for the majority of the illicit drug supply in the United States.

The Seattle Field Division's enforcement efforts are led by DEA special agents and task force officers from the State and local agencies who, along with our diversion investigators and intelligence research specialists, work to combat drug threats facing Oregon and Washington.

During the last 4 years, the efforts of our offices in Oregon and Washington have resulted in approximately 1,600 methamphetamine-related arrests, many of which occurred as part of investigations conducted under the Organized Crime Drug Enforcement Task Force Program and the Priority Target Organizations Investigations Program.

The DEA feels that training is vital to all officers involved in these hazardous situations, and since 1998, our office of training has provided training to over 9,300 officers from across the country. Within the Seattle Field Division, since fiscal year 2002 the DEA's office of training has provided clandestine laboratory training to more than 320 officers from Oregon and Washington.

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.

The DEA's Hazardous Waste Program, with the assistance of grants from State and local law enforcement, supports and funds the cleanup of the majority of laboratories seized in the United States.

In fiscal year 2004, the cost of administering these cleanups was approximately $17.8 million. Through our Hazardous Waste Program, since fiscal year 2002 the DEA has administered nearly 1,400 laboratory cleanups in Oregon and Washington at a cost of over $2.9 million.

The DEA is keenly aware that we must continue our fight against methamphetamine. Nationally and within the Seattle Field Division we continue to fight methamphetamine on multiple fronts. Our enforcement efforts are focused against methamphetamine

trafficking organizations and those who provide the precursors necessary to manufacture this drug. We are also providing vital training and lab cleanups to our State and local partners as they combat methamphetamine.

Law enforcement has experienced some success in this fight, though much work needs to be done. Thank you for your recognition of this important issue and the opportunity to testify here today.

I'd be happy to answer any questions that you have. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Benson follows:]

Statement of

Rodney G. Benson
Special Agent in Charge
Seattle Field Division
Drug Enforcement Administration

Before the

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

October 14, 2005

"Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest"

Chairman Souder, and distinguished Members of Congress, my name is Rodney Benson and I am the Special Agent in Charge of the Drug Enforcement Administration's (DEA) Seattle Field Division, which covers all of Washington, Oregon, Idaho and Alaska. On behalf of the DEA Administrator, Karen Tandy, I appreciate your invitation to testify today regarding the DEA's efforts in the Pacific Northwest to combat methamphetamine.

Overview

Unlike some regions of the country, for the Pacific Northwest methamphetamine is not a new phenomenon. Law enforcement in the Pacific Northwest have been combating methamphetamine for well over 20 years and we have seen firsthand the devastating effects of this drug, which has spread eastward and is now impacting communities across this nation. Methamphetamine remains a very significant drug threat in the Pacific Northwest and the DEA continues to combat this drug on multiple fronts.

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 the Pacific Northwest 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. Nationally, the efforts of law enforcement have resulted in 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 collaborative effort by all levels of law enforcement. An essential component of the DEA's efforts against methamphetamine involves the partnerships we have developed with State and local law enforcement across the country. In addition to our enforcement efforts, we are using the expertise of the DEA's Office of Training to provide clandestine laboratory training to thousands of our state and local partners from all the over country. 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" (a laboratory capable of producing 10 pounds or more of methamphetamine within a production cycle) and produce the majority of methamphetamine available throughout the United States. 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

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. Mexican midlevel distributors sometimes supply methamphetamine to outlaw motorcycle gangs (OMG) and Hispanic gangs for retail distribution throughout the country.

The second source for methamphetamine in this country comes from small toxic labs (STL), which produce relatively small amounts of methamphetamine, and are not generally affiliated with major trafficking organizations. A precise breakdown is not available, but it is estimated that STLs are responsible for approximately one-third of the methamphetamine consumed in this country. Initially found only in the most Western States, there has been a steady increase and eastward spread of STLs in the United States. Many methamphetamine abusers quickly learn that "recipes" are easily accessible over the internet, that ingredients are available in many over-the-counter cold medications and common household products found at retail stores and that the production of methamphetamine is a relatively simple process. These factors have helped serve as a catalyst for the spread of methamphetamine across the country.

Threat Assessment - Oregon and Washington

Methamphetamine is a very significant drug threat that the DEA faces in the Seattle Field Division. Demand, availability and abuse of methamphetamine remain high in all areas of the Pacific Northwest. The market for methamphetamine, both in powder and "crystal" form, in Oregon and Washington is dominated by Mexican drug trafficking organizations. These organizations produce methamphetamine in each state, as well as import it from sources in Mexico, California or the Southwest Border areas of the United States. "Crystal" methamphetamine though increasingly available in Oregon and Washington, is primarily imported into the Pacific Northwest rather than being converted within the region.

STLs producing anywhere from a few grams to several ounces of methamphetamine operate within each state. The most commonly encountered production method for methamphetamine in the Seattle Field Division is the ephedrine/pseudoephedrine reduction method, using red phosphorus.

The DEA in Oregon and Washington routinely purchase and seize quantities of methamphetamine ranging from ounces to multiple pounds. Within the Seattle Field Division, the price of uncut methamphetamine in powder form has been from $8,000 - $10,000 per pound, with "crystal" methamphetamine averaging from $9,000 - $14,000 per pound. Purity levels of methamphetamine in Oregon and Washington have continued to increase, with average purities at 70 percent and 73 percent respectively (as of the end of the 3rd quarter of FY 2005). Often purity levels for "crystal" methamphetamine exceed 90 percent.

Despite increased enforcement efforts, some lab operators in the region, as well as those outside the Pacific Northwest, continue to obtain ephedrine and pseudoephedrine from Canada. Fortunately, we have an excellent relationship with the Royal Canadian Mounted Police, and have been able to work with them, as well as our DEA offices in Canada to shut down several sources of precursor chemicals.

Methamphetamine lab-related seizures in Oregon and Washington, as reported to the El Paso Intelligence Center for FY 2002 through FY 2004 are listed below (as of 10/4/05). It should be noted that reporting is not mandatory, so some State and local law enforcement agencies do not report their clandestine laboratory numbers to EPIC.

	Chem/Glass/Equip	Dumpsites	Labs	Total
FY 2002				
Oregon	60	74	441	575
Washington	126	575	682	1383
FY 2003				
Oregon	20	63	351	434
Washington	81	414	625	1120
FY 2004				
Oregon	37	56	409	502
Washington	37	365	549	951

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 DEA's enforcement successes against suppliers of bulk shipments of precursor chemicals, notably ephedrine and pseudoephedrine. Nationally, 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.

In addition, the 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. By ensuring that pseudoephedrine and ephedrine is only being used and distributed by legitimate businesses, the DEA believes it

has made it more difficult for methamphetamine manufacturers to obtain large quantities of these chemicals.

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 our foreign law enforcement counterparts and have forged agreements to pre-screen pseudoephedrine shipments to ensure that they are being shipped to legitimate companies for legitimate purposes. A recent example of our efforts in this area is an operation worked with our counterparts from Hong Kong, Mexico and Panama, which prevented approximately 68 million pseudoephedrine tablets from reaching "meth cartels." This pseudoephedrine could have produced more than two metric tons of methamphetamine.

DEA's Efforts in the Pacific Northwest

The DEA offices located in Oregon and Washington are part of the Seattle Field Division, which also includes the states of Alaska and Idaho. The DEA's offices in Oregon are located in the following cities: Portland, Salem, Eugene and Medford. In addition to these offices, a Post of Duty is located in Bend, Oregon, which is under the Eugene Resident Office's area of responsibility. The DEA offices in the State of Washington are located in the following cities: Seattle, Tacoma, Blaine, Spokane and Yakima. A Post of Duty is also located in the Tri-Cities (Richland, Kennewick and Pasco), which is under the Yakima Resident Office's area of responsibility.

The DEA's enforcement efforts in Oregon and Washington 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 (TFO) are deputized by the DEA and have the same authority as DEA Special Agents. The Seattle Field Division has TFOs in all our offices throughout Oregon and Washington and they work 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 Oregon and Washington.

The DEA focuses its overall enforcement operations on the large regional, national and international drug trafficking organizations responsible for the majority of the illicit drug supply in the United States. Within the Seattle Field Division, 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 offices. From FY 2002 through FY 2005, the enforcement efforts of the DEA offices located in Oregon and Washington have resulted in approximately 1,600 methamphetamine-related arrests. This arrest total includes numerous methamphetamine-related investigations conducted under the Organized Crime Drug Enforcement Task Force (OCDETF) program and the Priority Target Organization (PTO) investigations program.

Several recent examples of our enforcement efforts targeting methamphetamine trafficking organizations and precursor chemical suppliers operating in Oregon and Washington are highlighted below:

- **Operation Intolerance** – this two year OCDETF investigation led by the Yakima Resident Office, working with the U.S. Attorney's Office for the Eastern District of Washington and numerous federal, state and local law enforcement agencies culminated during June 2005, with the arrest of 32 individuals and the seizure of 8 pounds of methamphetamine, 4 kilograms of cocaine, 90 pounds of marijuana (all drug seizures are approximate amounts), approximately

$215,000 in U.S. currency, 34 vehicles and 30 firearms. This poly-drug organization operated in the Yakima Valley region of Washington State and distributed narcotics throughout Eastern Washington and other areas of the country.

- **Operation Stampede "Super Lab" seizure** – during May 2005, the Salem Resident Office, working with the U.S. Attorney's office for the District of Oregon, along with approximately 90 law enforcement officers from other federal, state and local agencies, executed 6 search warrants, and arrested 14 individuals on drug charges related to the dismantling of a clandestine laboratory located in Linn County, Oregon. This laboratory was capable of producing more than 80 pounds of methamphetamine at a time. Items seized in this investigation included approximately 3 pounds of methamphetamine, nearly 200 pounds of precursor chemicals, over $180,000 in U.S. currency, 5 vehicles and numerous firearms.

- **Operation Global Warming** – this 19 month OCDETF investigation led by the Portland District Office and the Westside Interagency Narcotics Team, working with the U.S. Attorney's Office for the District of Oregon and numerous other federal, state and local law enforcement agencies culminated during March 2005, with the arrest of 6 individuals and the seizure of 42 pounds of methamphetamine, 6 pounds of heroin, 1 pound of marijuana, in excess of $100,000 in U.S. currency, 11 vehicles and numerous firearms. Several of the seized vehicles had hidden compartments capable of concealing 30 pounds or more of narcotics. Separate investigations targeting groups associated with this trafficking organization were also initiated in Oregon and California, and resulted in additional arrests and the seizures of methamphetamine, U.S. currency, vehicles and firearms. This West Coast poly-drug organization had been transporting large quantities of methamphetamine, cocaine and heroin from Mexico through California and then into Oregon and Washington for distribution.

- **Operation Sanctioned Sins** – this OCDETF investigation led by the Seattle Division Office and worked in conjunction with the U.S. Attorney's Office, the Washington State Board of Pharmacy and the Pierce County Sheriff's Office focused on reducing the supply of "grey market" pseudoephedrine in the State of Washington. Preliminary information indicated that five companies operating in Western Washington, who each distributed pseudoephedrine, were responsible for over 80 percent of the suspicious activity reports filed within the State. From July 2003 through January 2004, these five wholesalers distributed approximately 9.8 million tablets of pseudoephedrine or two-way ephedrine, which accounted for approximately 79 percent of all wholesale distribution of these types of tablets. Our investigation revealed that many small retail stores, often in rural areas, were frequently selling more pseudoephedrine than large chain stores located in urban areas. When confronted with this information, all five wholesale distributors voluntarily agreed to surrender their federal licenses to distribute List I Chemicals. Since June 2004, the month the businesses ended their distribution of List I Chemicals, reported sales of pseudoephedrine and two-way ephedrine tablets dropped 95 percent from a high of 2 million tablets a month in August 2003, to less than 42,000 tablets a month in June 2004. These tablets could have produced approximately 1,225 pounds of methamphetamine.

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.

Since 1998, the DEA has trained more than 9,300 State and local law enforcement personnel (plus 1,900 DEA employees), to conduct investigations and dismantle seized methamphetamine labs and protect the public from methamphetamine lab toxic waste. From FY 2002 through FY 2005, the DEA provided clandestine laboratory training to more than 320 officers from Oregon and Washington.

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. Due to the threat posed by methamphetamine within the Seattle Field Division, several years ago we designated a senior Special Agent with an extensive lab background to serve the Division's full-time clandestine laboratory coordinator. In addition to working with our Special Agents and federal and state prosecutors, this Agent works with other federal, state and local law enforcement, as well as various groups within the public and private sector on methamphetamine-related issues and training. In this capacity, our clandestine laboratory coordinator has provided "awareness training" to groups such as the International Utilities Revenue Protection Association, the Commercial Realtors Association of Central Oregon, the Snohomish County (Washington) Transitional Housing and Food Bank Organization, the U.S. Mail Carriers of Washington and the U.S. Coast Guard.

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 cost of administering these cleanups was approximately $17.8 million.

In Oregon, from FY 2002 through FY 2005, the DEA administered 1,290 lab cleanups, at a total cost of $2,619,484. In the State of Washington, from FY 2002 through FY 2005, the DEA administered 82 lab cleanups at a cost of $306,289. It should be noted that the Washington Department of Ecology responds to the majority of lab cleanups within Washington State.

Conclusion

The DEA, both nationally and in the Pacific Northwest, is keenly aware that we must continue our fight against methamphetamine. 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.

Our DEA offices in Oregon and Washington have been combating methamphetamine for over 20 years and continue to work closely with our state and local law partners to combat the threat presented by this drug. 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 1,400 laboratory cleanups in Oregon and Washington.

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. Mr. Karl.

STATEMENT OF CHUCK KARL

Mr. KARL. Chairman Souder, distinguished members of the council, Congressman Walden, I'd like to begin my testimony by expressing my sincere appreciation for the opportunity to address you today and for your efforts to seek out the nature of the methamphetamine threat and epidemic in the Northwest and the rest of our country and seek solutions to that.

Oregon, as has been testified, has had an escalating meth problem for many years. So what's new? The methamphetamine threat in Oregon and the rest of the Nation is clearly a threat to our children, families, natural environment, government services, business communities, and neighborhood livability.

In the last 2 years, from my perspective, with the HIDTA programing and through HIDTA intelligence working with task forces, the available methamphetamine in Oregon has changed from predominantly the powder form of methamphetamine to the smokeable and nearly pure crystal form of methamphetamine. In my opinion, the crystal form of methamphetamine is the single most addictive and damaging drug to come along in my law enforcement experience.

Its initial use is said to provide an intense and unforgettable pleasure which can cause an immediate addiction. This can also immediately cause——

Mr. SOUDER. Could you hold for a second? Is there a way to adjust the mic?

Mr. WALDEN. Maybe put that back away from you just a little bit.

Mr. KARL. With a very little amount of methamphetamine abuse, numerous wards of the community are created and may continue to be wards of the community for a lifetime. These include drug-affected babies and children, abused and neglected children, learning disabled children, family, friends, the crippled addicts themselves, not to mention the often innocent victims of their drug related crimes.

A recent study conducted in Marion County by the District Attorney's Office during August of this year found that five meth affected babies were born in 1 week. That's almost one a day. A treatment provider advised me this week that 90 percent of women in treatment in Oregon are involved with meth. In Lane County, State and child welfare programs hit a lamentable milestone, more than 1,000 children living in foster homes.

Workers and job applicants in Oregon are failing drug tests this year at a 30 percent higher rate than last year. In my opinion, Oregon and the Nation are looking into the face of another call to action to secure our homeland from those who will harm us personally, socially, and economically by poisoning us with a tasty piece of crystal candy called methamphetamine. These predators are no less than narco-terrorists.

Concerning Oregon's solutions, the single most effective solution in Oregon today responsible for stopping the escalating of meth labs being discovered by law enforcement has been the recent State

regulations and legislation intended to control the primary precursor chemical ingredient of ephedrine and pseudoephedrine.

The Oregon Department of Justice HIDTA Intelligence Center has seen a 60 percent reduction in reported meth labs during 2005, as compared to the period of 2004. And by the way, in Umatilla County, there was one meth lab for every 800 residents in 2004. And that's probably underreported.

Please refer to my written testimony for some other solutions already implemented in Oregon. I'd like to spend the remaining time addressing some remarks toward other potential solutions that relate to how the Federal Government can assist State and local communities.

First and foremost—and I know you're aware of this—illegal immigration enforcement and border access still needs to be addressed at the Federal level. This is by far the greatest threat to homeland security and safety from drug terrorism, as well as traditional terrorism.

The response to this issue involves numerous components such as personal identification controls and requirements for obtaining work permits, credit cards, Social Security cards, and driver's licenses across the country.

Identity theft is a major crime in Oregon and a regional task force has been established. Currently, a case being currently prosecuted in Washington County, OR, is one of the largest fraudulent schemes for obtaining driver's licenses in the United States.

Over 70,000 fraudulent Oregon driver's licenses were issued. People were flying in from other States to obtain a fraudulent Oregon driver's license for identification. The potential threat and impact of this case as it relates to traditional terrorism and drug trafficking is clear.

Additionally, the investigation and enforcement of immigration violations is not coordinated and standardized across the country. In Oregon, this represents a huge communication and cooperation barrier between Federal, State, and local law enforcement agencies working to ensure homeland security and conduct drug investigations.

For example, State and local law enforcement officers in Oregon cannot inquire about or investigate the immigration status of anyone due to current State law. Further, they cannot take enforcement action against an illegal immigrant based solely on their status, nor can they use any State and local resources to assist any Federal agency with immigration due to the State law.

My final remarks are meant to bring some perspective to our Nation's drug problem as it relates to the issue of homeland security. The threats from the drug problems facing our country are as great as those facing our country from traditional terrorism. Be assured I do not wish to diminish the threat from September 11th-type terrorism and the pain it has caused our country.

However, I do wish to state that this country has suffered far more pain and loss of life and human potential, as well as the damage to our economy and infrastructure, from the gorilla drug terrorism being waged quietly and not so quietly in our cities and neighborhoods by these drug predators.

SAMHSA data, Substance Abuse and Mental Health Services Administration, in just 34 metro areas of various sizes in 2002 reported 10,087 people died from drug-related deaths, not including alcohol, leading drug treatment professionals to liken it to cancer on a planet.

And I thank you for the opportunity and would be happy to answer questions about the HIDTA program.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Karl follows:]

October 14th, 2005

"Stopping the Methamphetamine Epidemic:
Lessons from the Pacific Northwest"
Chuck Karl, Director
Oregon HIDTA Program

Written Statement for the Record

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

Chairman Souder, distinguished members of this committee, and all concerned citizens of Oregon, and these United States, my name is Charles J. Karl, and I have been the Director of the Oregon High Intensity Drug Trafficking Program (HIDTA) since October 18th, 1999, almost exactly 6 years.

Prior to becoming the HIDTA Director for Oregon, I spent 26 years with the Portland, Oregon Police Bureau with most of those years directly or indirectly involved with the problem of drug enforcement and drug abuse. I retired from the Portland Police Bureau in 1995 as the Deputy Police Chief of the Investigations Branch of the bureau.

I would like to begin my testimony by expressing my sincere appreciation for this committee's efforts to determine the accurate scope of the methamphetamine threat and epidemic in the Pacific Northwest as well as the rest of our country and to seek out solutions to this most serious problem.

The methamphetamine threat to Oregon and the rest of the nation is clearly a critical threat to children, families, the natural environment, government services, the business community, and neighborhood livability.

The Oregon Experience

Unlike many states east of the Rocky Mountains, Oregon has had a methamphetamine problem for many years. When I first became involved with direct drug investigations and enforcement in 1982, methamphetamine was the drug of choice for primarily outlaw motorcycle gangs such as the Gypsy Jokers, the Brothers Speed, the Hells Angels, and others.

In the early 1980's, a large wave of illegal drugs came into Oregon that clearly represented a new and seriously dangerous threat to our communities. These two drugs were black tar heroin from Guatemala and Mexico, and crack cocaine (a stimulant similar to methamphetamine) from South America via Mexico. The overdose death rate from heroin rose rapidly as the heroin purity escalated and crack cocaine quickly addicted many in the inner city as it provided an exceptionally high euphoria while being smoked. Smoked crack cocaine is said to be much more addictive than powder cocaine which is usually snorted or injected. Additionally, during this time, AIDS became a serious threat from the IV use of heroin, cocaine, and other drugs. The less

610 Hawthorne Avenue, SE, Suite 120, Salem, Oregon 97301
Telephone: (503) 378-5123 Fax: (503) 373-3196

dangerous method of smoking these drugs then became more common and users found it to be safer and as good, or better, a method of ingestion than IV use.

Initially the black tar heroin was smuggled into Oregon by Mexican drug trafficking organizations while powder cocaine and crack cocaine were smuggled into Oregon by both Mexican drug trafficking groups and smaller Caucasian and black groups. These drugs as well as marijuana were the greatest money makers and the most problematic for community safety and livability at the time.

In the late 1980's, it became clear that Mexican drug trafficking groups were nearly exclusively taking over the illegal drug trafficking and distribution of tar heroin, cocaine, methamphetamine, and even a great deal of the marijuana. Methamphetamine began being used by more and more stimulant abusers since cocaine was expensive and the euphoric high was of shorter duration. At the time, methamphetamine was still, primarily, used by injecting it or snorting it.

During the 1990's, powder methamphetamine became readily available throughout the state and by 2000 surfaced as the most problematic and dangerous illegal drug for Oregon. Methamphetamine labs appeared with much greater frequency and the impact of increased meth addiction became readily visible to treatment providers and law enforcement (Refer to attachment #1 for historical information). The emaciated bodies of meth addicts were very obvious when encountered. Methamphetamine became the poor man's cocaine since it was cheaper, had a longer high, and could be made at home. Also, during the 90's the environmental impact of home labs became obvious with serious contamination of property, increased neglect and abuse of children, movement into rural communities, damage to natural resources, explosions and fires, and serious meth-related person and property crimes as well as an escalation of meth-related identity theft.

During this time in the state of Hawaii, crystal meth, a nearly pure smokeable form of methamphetamine, appeared on the scene and became a huge epidemic and destructive force in the state of Hawaii. Due to meth's addictive power, it became a major economic and community safety problem for Hawaii and both the government and local neighborhoods are still trying to cope with the economic and social devastation.

In Oregon, during the last two years, the available methamphetamine in Oregon has changed from predominantly powder methamphetamine to nearly all pure crystal or ice methamphetamine. In my opinion, and at the risk of being called an alarmist, crystal methamphetamine is the single most damaging drug to come along in my experience. Its initial use is said to provide intense, and unforgettable pleasure, said to be like 20 years of sexual pleasure all at once, which can cause an instant addiction. It is like running your body's pleasure engine at maximum RPMs in the red zone for extended periods of time. This can immediately cause physical, sometimes irreparable damage to the brain and body, and the resulting addiction demands satisfaction before any other activity including family, children, friends, work, and personal hygiene. In short, with a very little amount of methamphetamine abuse, numerous wards of the community are created that may continue to be wards of the community for a lifetime. These include drug affected babies and children, abused and neglected children,

610 Hawthorne Avenue, SE, Suite 120, Salem, Oregon 97301
Telephone: (503) 378-5123 Fax: (503) 373-3196

learning disabled children, spouses, family, friends, and the crippled addicts themselves not to mention the often innocent victims of their drug related crimes.

A recent study conducted in Marion County, Oregon during August of this year found that five meth affected babies were born in one week. That is nearly one per day.

Already, Oregon is seeing an extraordinary demand for foster care homes for children removed from methamphetamine addicted households. Treatment providers are clearly challenged to successfully restore methamphetamine addicts to productive lives. Methamphetamine impacted individuals, families, and children are more and more demanding medical and social services that are already in scarce supply or just not available. Ninety percent of women in treatment are involved with meth. Meth addicted moms pose a significant treatment challenge which has many profound and competing issues such as when should children removed from the home be returned, if at all.

Workers and job applicants in Oregon are failing drug tests at a higher rate this year. The Oregon Medical Laboratories, the state's largest drug-testing laboratory, reports a 30 percent increase in the first six months of this year. Marijuana remains the most frequently detected drug, showing up in more than half of all positive tests. However, methamphetamine appears to be the fastest-growing illegal drug of choice among workers.

The drug is clearly moving across our country very rapidly. Drug trafficking groups are spreading the addiction as rapidly as they can in order to create customers and income markets.

In my opinion, Oregon and the nation is looking into the face of another call to action to secure our homeland from those who will poison us with a tasty piece of crystal candy called methamphetamine. These predators are no less than narco-terrorists.

Some Oregon Solutions:

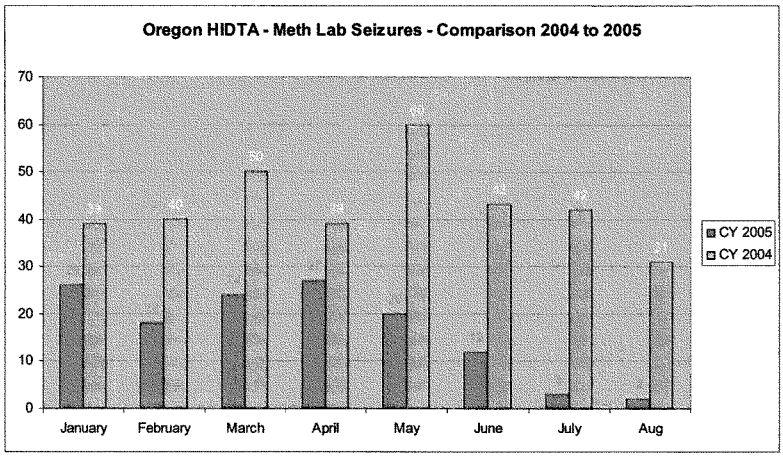
Many solutions need to developed and implemented to mitigate the damage from methamphetamine.

Precursor/Chemical Control and Methamphetamine Legislation

The single most effective solution in Oregon to date to stopping the escalating number of meth labs being discovered by law enforcement has been recent state legislation intended to control the primary precursor chemical ingredient called "ephedrine" or "pseudoephedrine".

During the past several years, and specifically in 2005, the Oregon State Police, the Oregon Department of Justice, the Oregon HIDTA, and many legislators have been extremely successful in sponsoring, or supporting, new methamphetamine and precursor control legislation.

In 2005, the Oregon Pharmacy Board passed two significant regulatory controls. The first required all retail stores to place ephedrine based medicines behind the counter. The second



As effective as this new Oregon legislation appears to be in reducing the number of meth labs, the availability of crystal methamphetamine has increased. This is due to smuggling activities from large labs in Mexico and Canada. The purity of meth continues to rise (70%-90+ %). One pound of very pure crystal meth can easily be purchased in the Portland metro area for $9,000. Even though many great results will come from the Oregon legislation that will reduce contamination of natural resources and exposure of children to dangerous chemicals, the availability of methamphetamine will likely not be impacted. Likewise the addictions and social problems, including meth related crime, will likely not diminish. The demand for meth that is a result of powerful meth addictions will not be reduced by reducing the number of local meth labs.

On a very positive note, the reduction in meth labs has had the effect of freeing up law enforcement investigator's time from processing discovered meth labs, which is very time consuming, to conduct investigations against the trafficking organizations that are manufacturing and smuggling the drugs. This is a much a more efficient and effective use of law enforcement resources.

Oregon treatment providers have not experienced a change in methamphetamine case load due to the controls in place with respect to ephedrine and pseudoephedrine.

Oregon Alliance for Drug Endangered Children

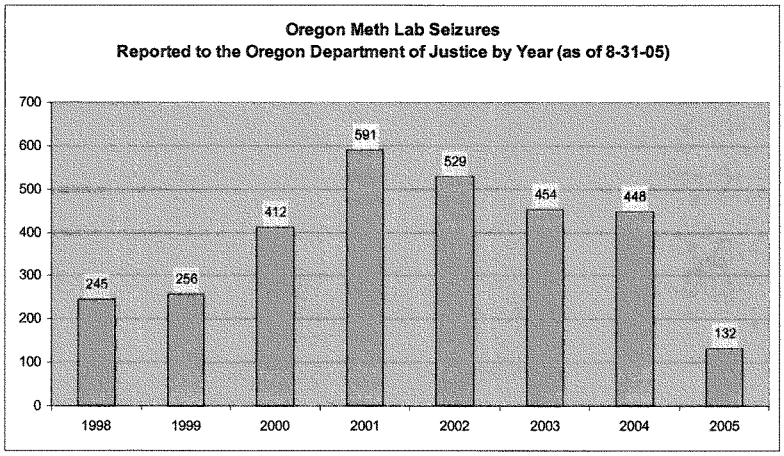
The Oregon Alliance for Drug Endangered Children is implementing the National Protocol for the Medical Evaluation of Children Found in Drug Labs.

control, stiffened the first as Oregon became the first state in the nation to require a prescription to purchase any medicine with ephedrine, or pseudoephedrine as an ingredient.

On August 16, 2005, the governor of Oregon signed into law anti-methamphetamine legislation that regulates the sale of pseudoephedrine, a key precursor chemical used in methamphetamine production. In the future, Oregon residents will need to obtain a prescription from a doctor to purchase cold and allergy medications that contain pseudoephedrine, ephedrine, or phenylpropanolamine. The prescriptions can be refilled five times in a 6-month period. The law is expected to be fully implemented by July 2006.

Oregon's new prescription requirement is the first of its kind in the United States and is one of the nation's strictest regulations on pseudoephedrine sales to date. Most of the small-scale methamphetamine laboratory operators in Oregon purchase or steal pseudoephedrine from convenience, drug, and grocery stores. Requiring a prescription to purchase pseudoephedrine likely will decrease the number of small-scale methamphetamine laboratories operating in the state. Oregon is one of many states currently requiring that consumers show identification and sign a log when purchasing cold and allergy medications containing pseudoephedrine.

Pseudoephedrine controls became effective in November of 2004 and were strengthened in 2005. The following graphs show dramatic changes in the number of meth labs discovered by law enforcement and reported to the Oregon Department of Justice since November 2004.



610 Hawthorne Avenue, SE, Suite 120, Salem, Oregon 97301
Telephone: (503) 378-5123 Fax: (503) 373-3196

Chemical Precursor Tracking Program - Methamphetamine Precursor Database

In 2004, the Oregon HIDTA ISC together with the Oregon State Police designed and established a methamphetamine precursor database. This database houses precursor chemical sales records collected by the Oregon National Guard and the Oregon State Police. Once the information is in the database, the records can be queried, and patterns and trends can be identified. Currently there are 17,632 separate precursor chemical sale transactions by 9,890 different people in the database.

This database is available 24/7 to law enforcement investigators and reports, itemized by the county of purchase, are available on the Oregon State Police website.

The Chemical Precursor Tracking Program is a cooperative effort between the Oregon Department of Justice, the Oregon HIDTA program, and the Oregon State Police.

The goal of the program is to track the sales of known methamphetamine precursors (under the auspices of Oregon Revised Statute 475.950 Failure to report precursor substance transaction) to help identify suspicious purchases by suspects attempting to manufacture methamphetamine.

Members of the Oregon National Guard and Oregon State Police collect precursor sales reports from stores that sell known precursors. Once collected, analysts from the Oregon Department of Justice/ Oregon HIDTA criminal intelligence unit (ISC), enter the reports into a database. Once the data is entered, the database can be queried for unusual purchases. For instance: a suspect purchasing one gallon of iodine from four different feed stores in three different counties all on the same day. Another example is a person buying four gallons of iodine using false identification.

To date, the Chemical Precursor Tracking Program has led to the arrest of numerous suspects, and assisted local, state, and federal law enforcement agents investigating drug trafficking organizations that manufacture methamphetamine.

Statewide Clan Lab Database

The Oregon Department of Justice State Intelligence Network (OSIN), an Oregon HIDTA sponsored system, houses a statewide "Clan Lab Database" that is accessible on the Regional Information Sharing System (RISS net). This database contains valuable information about every clan lab seizure in the state and is able to be queried by over 1,200 investigators around the state. The data is also shared via electronic connection with the Western States Information Network (WSIN) that transfers the data to the El Paso Intelligence Center (EPIC). (Refer to attachment #1).

Oregon State Intelligence Network

The Oregon State Intelligence Network is a secure computer based and web-enabled system for sharing criminal intelligence information between law enforcement agencies on a nation-wide basis. Authorized law enforcement investigators enter information, query the database, and enter

tactical events for officer safety. All of these activities can be done from the field and are monitored by an Oregon Department of Justice Watch Center. The primary purpose of this system is for the deconfliction of cases between agencies in order to achieve maximum impact by leveraging information, effort, and resources.

The Career Offender Methamphetamine Program (COMP)

This program is a cooperative effort between the U.S. Attorney's Office, the Oregon Department of Justice, the Oregon State Police, federal and local law enforcement agencies, and the Oregon HIDTA Program.

This program tracks the most serious methamphetamine manufactures and qualifies the offender for federal prosecution if the offender meets specific "Career Offender" program criteria.

A "Career Offender" under federal law has at least two felony convictions, within the past ten years, that are either drug trafficking offenses or crimes of violence. These crimes include: Manufacture of a Controlled Substance, Conspiracy to Manufacture, Delivery of a Controlled Substance, Conspiracy to Deliver, and Possession with Intent to Distribute.

Once the suspect is entered into the Career Offender Program, the suspect is entered in the state Law Enforcement Data System (LEDS) tracking system, and also entered into the Oregon State Intelligence Network (OSIN) for case and subject deconfliction purposes. If the suspect is arrested **anywhere in the United States**, an automated message is received by the Oregon Department of Justice/Oregon HIDTA Watch Center, indicating the suspect has been arrested and has been identified for possible federal prosecution.

The U.S. Attorney's Office is immediately notified of the arrest and can choose to take jurisdiction of the case and potentially prosecute the suspect in the federal court system.

Methamphetamine Initiative Team

In 2005, the Oregon Legislature funded the Methamphetamine Initiative Team. This team, comprised of members from the Oregon State Police, the Oregon Department of Justice, and the Oregon HIDTA ISC, was enacted to target methamphetamine production and distribution in Oregon.

The team has statewide jurisdiction and has two designated Assistant Attorney General prosecutors assigned to the team to assist area district attorney's offices in prosecuting methamphetamine related cases as well as an Oregon Department of Justice Intelligence specialist.

Oregon Meth Watch Program

The Oregon Meth Watch Program is a program sponsored by the Oregon Partnership, the ONDCP 25- Cities Initiative, the Oregon State Police, the Portland Police Bureau, the HIDTA

program, and many community members, businesses, law enforcement agencies, and organizations with the two goals to make our communities safer as follows:

(1) Discourage large-quantity purchases and thefts of products used to make methamphetamine.

(2) Enlist local businesses as partners to reduce drug use in our communities.

The Oregon Meth Watch Program, modeled after a similar and successful program used in Kansas, aims to discourage theft and large-quantity purchases of ingredients used to make methamphetamine and raise public awareness of the methamphetamine problem in Oregon.

Through Oregon Meth Watch, retailers are encouraged to:

- Tag the shelves containing products commonly used to manufacture meth to alert and educate customers as to the types of products used in methamphetamine production, and more importantly, deter meth "cooks" and addicts from purchasing or stealing large-quantities of these products at participating stores.

- Feature tear-off sheets at checkout stands to inform customers of the Meth Watch program and the dangers of methamphetamine use in the community.

- Place decals featuring the Oregon Meth Watch logo on their entrances and at check-out stands to further inform customers of their participation in this program and serve as another deterrent to meth users. (Brochures will also be available to customers for more information on the program)

To date, over 600 retailers participate in the program, including lodging facilities and one local disposal company. An informational web site has been established by the Oregon State Police: http://www.oregonmethwatch.org/

New laws implemented in Oregon during the last several years:

Failure to report precursor substance transaction: This statute makes it a Class A misdemeanor to fail to report the sales, transfer or furnishing of any precursor chemical.

Failure to report missing precursor substances: This statute makes it a Class A misdemeanor for a licensee or other person regulated by ORS 475.005 to fail to report to law enforcement the theft or loss of any precursor substance.

Providing false information on precursor substances report or record: A person commits the offense of providing false information on a precursor substances report or record if the person knowingly provides false information in any chemical precursor record.

Possession of precursor substance with intent to manufacture controlled substance: A person commits the crime of possession of a precursor substance with intent to manufacture a controlled substance if the person possesses one or more precursor substances with the intent to

manufacture a controlled substance.

Unlawful possession of phosphorus: A person commits the crime of unlawful possession of phosphorus if the person knowingly possesses any amount of phosphorus.

Unlawful possession of anhydrous ammonia: A person commits the crime of unlawful possession of anhydrous ammonia if the person knowingly possesses anhydrous ammonia in a container that is not approved by the United States Department of Transportation.

Unlawful possession of ephedrine, pseudoephedrine or phenylpropanolamine; unlawful distribution of ephedrine, pseudoephedrine or phenylpropanolamine: A person is in violation of this statute if the person knowingly possesses more than nine grams of ephedrine, pseudoephedrine or phenylpropanolamine, the salts, isomers or salts of isomers of ephedrine, pseudoephedrine or phenylpropanolamine or a combination of any of these substances.

Unlawful possession of iodine in its elemental form; recording transfers: A person commits the crime of unlawful possession of iodine in its elemental form if the person knowingly possesses more than two ounces of iodine in its elemental form.

Unlawful possession of iodine matrix; recording transfers: A person commits the crime of unlawful possession of an iodine matrix if the person knowingly possesses an iodine matrix.

Enforcement:

HIDTA Task Forces

The Oregon HIDTA Initiatives have currently identified and targeted 62 Methamphetamine Drug Trafficking Organizations operating in Oregon. These cases are in various stages of investigation with some disrupted and some dismantled.

During the first half of 2005, Oregon HIDTA task forces have seized 7 kilograms of powdered methamphetamine and 40 kilograms of crystal methamphetamine.

For the past six years, the Oregon HIDTA has had one initiative designated exclusively for the targeting of methamphetamine trafficking drug organizations. All HIDTA initiatives, as well as all law enforcement drug units in the state, spend the majority of their efforts on methamphetamine manufacturing, trafficking, or abuse cases.

Investigators have discovered that the Mexican Drug Trafficking Organizations are clearly diversifying into poly-drug operations which may traffic in methamphetamine, precursor chemicals, marijuana, cocaine, and heroin concurrently.

Training:

During 2004 and 2005, the Oregon HIDTA Training Initiative, in conjunction with the Oregon HIDTA Intelligence Support Center (ISC), provided over 5,660 hours of training specifically

aimed at methamphetamine related issues including interdiction, methamphetamine lab safety, chemical diversion, and methamphetamine production methods.

In addition, over 1,100 officers statewide have been training on the importance of intelligence sharing, and methamphetamine lab documentation.

Other Solutions for Consideration:

- First and foremost, illegal immigration enforcement and border access needs to be addressed at the federal level. This is by far the greatest threat to homeland security and safety from drug terrorism as well as political terrorism. The response to this issue involves numerous components such as tightening and standardizing the enforcement resources as well as the identification controls and requirements for obtaining work permits, credit cards, social security cards, and driver's licenses across the country.

  Identity theft has become a major crime in Oregon and a regional task force has been established. Currently, a case is being prosecuted in Washington County on one of the largest fraudulent schemes for obtaining Oregon drivers licenses in the United States. Over 70,000 fraudulent Oregon drivers licenses were issued. People were flying in from other states to obtain a fraudulent Oregon drivers license. The potential threat and impact of this case regarding political terrorism and drug trafficking is clear.

  Enforcement of immigration laws are not standardized across the country. In Oregon, this represents a huge communication and cooperation barrier between federal, state, and local law enforcement agencies working to insure homeland security and conduct drug investigations. For example, state and local law enforcement officers in Oregon cannot inquire about or investigate the immigration status of anyone by state law. Further, they cannot take enforcement action against an illegal immigrant nor can they use any state or local resources to assist any federal agency with immigration enforcement due to this same state law. Most of the drug trafficking that occurs in Oregon is done by Mexican drug trafficking groups that utilize illegal immigrants to facilitate the business. (Refer to ORS 181.850 Enforcement of federal immigration laws. (1) No law enforcement agency of the State of Oregon or of any political subdivision of the state shall use agency moneys, equipment or personnel for the purpose of detecting or apprehending persons whose only violation of law is that they are persons of foreign citizenship present in the United States in violation of federal immigration laws.

  (2) Notwithstanding subsection (1) of this section, a law enforcement agency may exchange information with the United States Bureau of Immigration and Customs Enforcement, the United States Bureau of Citizenship and Immigration Services and the United States Bureau of Customs and Border Protection in order to:

  (a) Verify the immigration status of a person if the person is arrested for any criminal offense; or

  (b) Request criminal investigation information with reference to persons named in records of the United States Bureau of Immigration and Customs Enforcement, the United States Bureau of Citizenship and Immigration Services or the United States Bureau of Customs and Border Protection.

(3) Notwithstanding subsection (1) of this section, a law enforcement agency may arrest any person who:

(a) Is charged by the United States with a criminal violation of federal immigration laws under Title II of the Immigration and Nationality Act or 18 U.S.C. 1015, 1422 to 1429 or 1505; and

(b) Is subject to arrest for the crime pursuant to a warrant of arrest issued by a federal magistrate.

(4) For purposes of subsection (1) of this section, the Bureau of Labor and Industries is not a law enforcement agency.

(5) As used in this section, "warrant of arrest" has the meaning given that term in ORS 131.005. [1987 c.467 §1; 2003 c.571 §1])

- International controls and sanctions on irresponsible sales and distribution of precursor chemicals to include making ephedrine and pseudoephedrine a Schedule V drug which would keep these products behind the counter nationwide. The proposed Methamphetamine Epidemic Elimination Action is a necessary step to respond to the meth threat across our country.

- Increased controls, inspections, audits, and sanctions on financial money remitter businesses that are moving large amounts of drug money, in small structured amounts, from the United States to Mexico and other countries.

- Mandatory prison sentences of 20 years for manufacturing methamphetamine. Mandatory sentences may not result in reducing the availability of methamphetamine but they will, and have, resulted in a reduction of crime and the protection of our families and neighborhoods from these chronic and career drug predators. The purpose of mandatory sentences is to protect the community from those offenders and send a message to other offenders that manufacturing and distributing meth is seriously not acceptable in our country, state, or community.

- Mandatory prison sentences for smuggling or attempting to distribute methamphetamine or precursor chemicals.

- Mandated sanctions and treatment for those convicted of distributing and or using methamphetamine during the commission of any crime in a similar fashion as those sanctions that have led to a reduced level of driving under the influence of alcohol.

- Expanded investigations of drug distribution via the internet. The internet is, without a doubt, being used to circumvent traditional law investigative efforts against drug traffickers. As Attorney General Alberto Gonzales has stated, "...cybercrime is a new frontier that demands law enforcement attention now and the years to come."

- Seek and obtain federal drug trafficking indictments on major drug cartel kingpins and put other countries on notice that we will pursue these subjects in the same manner and with the same resources as we do with traditional terrorists. We need to back this commitment up with appropriate action when called for.

- Require immediate sharing of criminal investigative information between federal, state, and local law enforcement agencies based upon a need to know and a right to know regardless of the secrecy classification. The sharing of information between law enforcement agencies is not acceptable.

Conclusion

My final remarks are meant to try and bring some perspective to our nation's drug problems as they relate to the issue of "Homeland Security". In my opinion, the issues, problems, and solutions are intimately intertwined and inter-connected. We all, properly, call the overt terrorist acts of 9-11 horrendous. The shock and images will remain with us for ever. The mobilization and response of our country to mitigate the threat from political terrorism has been massive.

It may not be as obvious as 9-11 or politically correct for me to suggest that the illegal drug problems facing our country are as great as the threat to "Homeland Security" as from political terrorism but that is exactly what I wish to say. Since the 1980's there have been major, significant, daily, individual, guerrilla terrorist attacks against our country by organized criminal drug distribution groups from both internal predators and foreign countries.

Be assured, I do not wish to diminish the threat from 9-11 type terrorism and the pain it has caused our country; however, I do wish to state that this country has suffered far more pain and loss of life and human potential as well as damage to our economy and infra-structure from the guerrilla drug terrorism being waged quietly in our cities and neighborhoods by drug trafficking predators that I believe are major threats to our families, children, homes, and communities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) data, in just 34 metro areas of various sizes in the U.S. during 2002, 10,087 people died from drug related deaths not including alcohol. This does not include all the damage and deaths resulting from crime and accidents caused by those abusing drugs. This does not include all the neglected and impacted children who will never be the same because of those who abuse drugs.

During my 38 years of law enforcement experience and having the opportunity to observe drug distribution, use, and abuse, I have concluded that many people, in this country and other countries, are making tremendous amounts of money by providing easy access to very dangerous, destructive, and addictive chemicals (both legal and illegal) that feed, and yet deceive, our natural human inclination to pursue what is pleasurable and avoid anything painful. The consequences of this easy access to drugs include:

- Tremendous social and economic costs to our families, neighborhoods, communities, and the entire national and local government infrastructure.
- Physical and mental disabilities and often death, either directly or indirectly as a result of drug abuse.
- Extremely debilitating addictions that ruin lives, steal hopes, dreams and human potential, ruin families and relationships, and place huge burdens on the social services

and behavior control systems of a community that provide for adequate neighborhood livability and safety, including our schools.

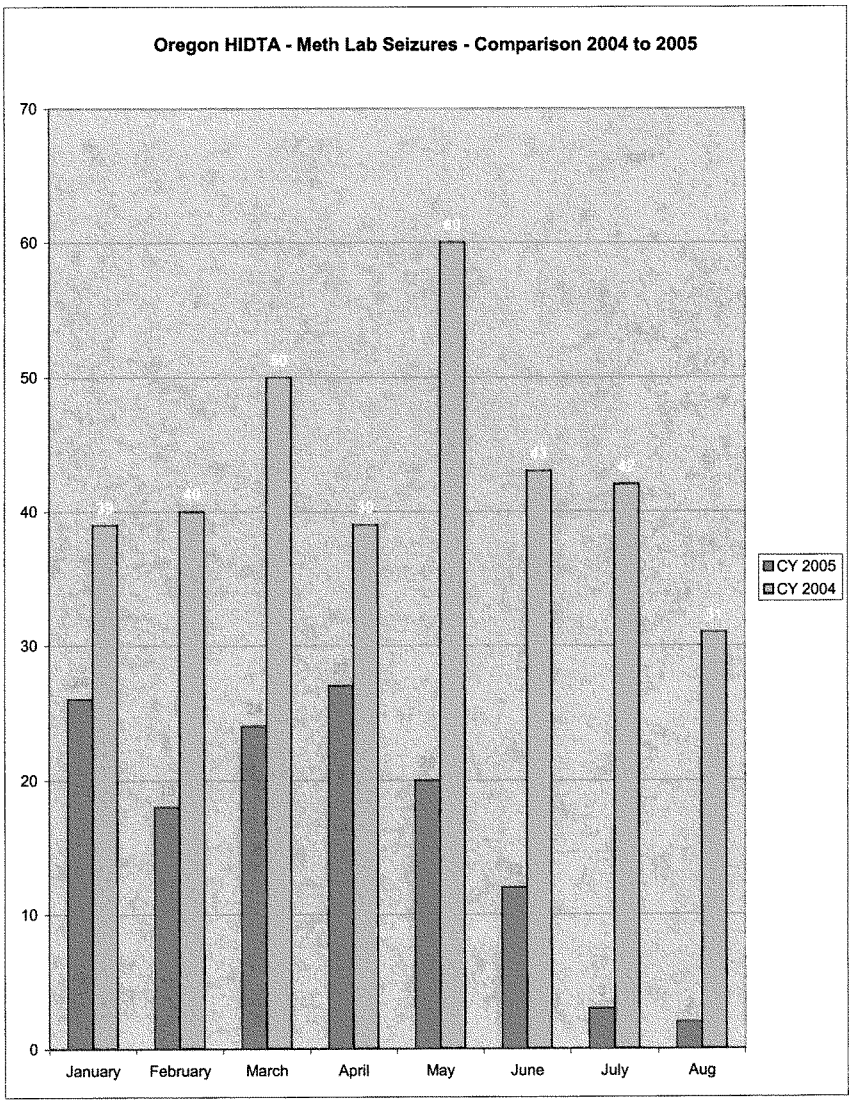
Communities are no longer safe and live in fear when local and national government services and controls become overburdened, overwhelmed, and ineffective due to the volume of calls for help, increased crime, increased homelessness, mental health issues, child neglect and abuse, and bizarre episodes of violence become everyday headlines. When our government safety nets no longer protect us, people begin a process of determining how they can protect themselves. An example of this is the recent attempts by Arizona ranchers to protect their property from the illegal immigrants pouring across the border from Mexico.

A Robert Wood Johnson Foundation study in February 2001 concluded that substance abuse is the nation's number one health problem with the cumulative related costs (crime, illness, deaths, medical, and other conditions) being $109.9 billion in just 1995 for drug abuse alone (not including alcohol and smoking).

A leading Oregon treatment professional has likened the drug abuse problem to a "cancer on the planet". Unlike the struggle to deal with the problem of medical cancer; however, there are narco-terrorists who are planting the seeds of this drug cancer to make money and/or damage political adversaries.

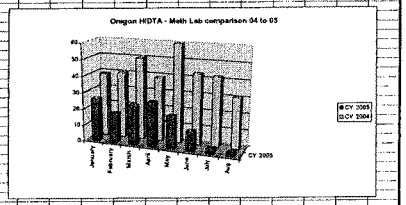
The national response to 9-11 must link together with other federal, state, and local specialized investigation units that address organized crime such as drugs, gangs, identity theft, fraud, internet crime, etc. The information from these investigations must be coordinated with the national response to illegal immigration and illegal drug trafficking. The issues and threats are, without any doubt, commingled and therefore, so are the solutions.

610 Hawthorne Avenue, SE, Suite 120, Salem, Oregon 97301
Telephone: (503) 378-5123 Fax: (503) 373-3196


Oregon HIDTA - Meth Lab Seizures - Comparison 2004 to 2005
70
60
50
40
30
20
10
0
January
February
March
April
May
June
July
Aug
CY 2005
CY 2004

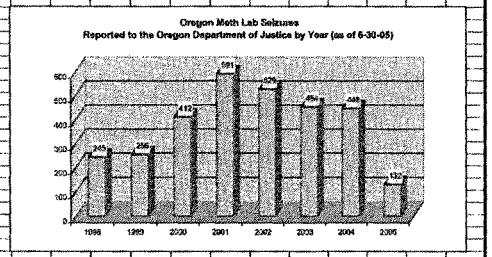
OREGON COUNTIES
METHAMPHETAMINE LABORATORY SEIZURES / Reported to the Oregon Department of Justice/WSIN)
CY 2004/2005 Comparison - As of 8-31-05
(Includes: Operational, Non-Operational, Boxed/Dismantled, Dumpsites, and Chemical Seizures)

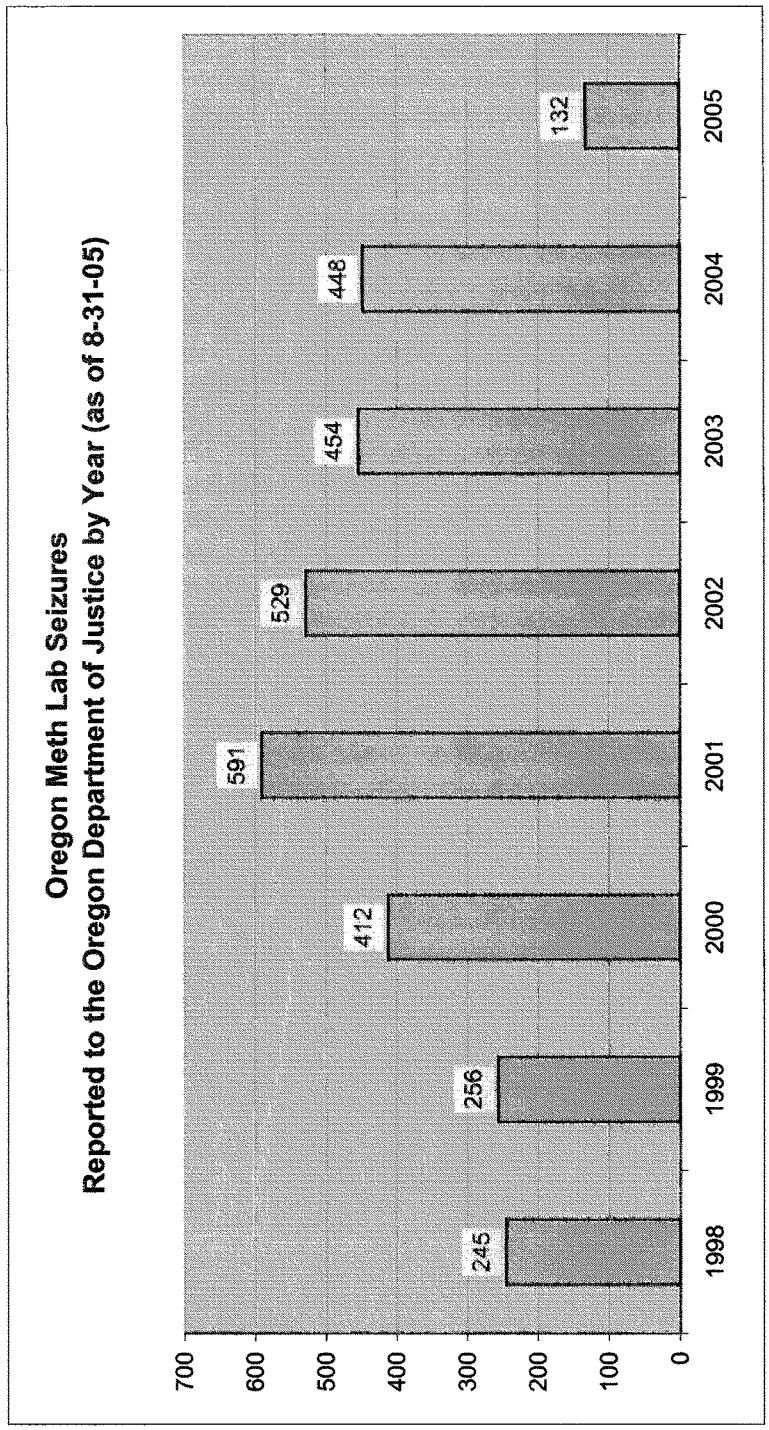
CY YEAR 2005	July 1, 2003																		
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	This column and column	
COUNTY	Population	January	January	February	February	March	March	April	April	May	May	June	June	July	July	Aug	Aug	2004 Total	2005 Total
MULTNOMAH	677,813	12	5	22	2	14	7	13	4	15	5	10	3	11		14		111	26
UMATILLA	72,008	2	9	2	2	2	5	7	5	20	2	9	2	19	1	4	1	66	31
CLACKAMAS	357,455	2	1	2	2	6	3	5	2	1	2	3	1	1		1		21	12
LINN	106,121	6	1	2	1	3	2		1	8	2	3	1	4				31	8
WASHINGTON	479,494	1		1		6		4		4		1		5		2		22	0
LANE	336,597	3		2	2		1	2	1	4	2	5	2	4		2		22	8
JOSEPHINE	78,039	2	3	2		1	1	1		2		3		1		1		12	4
JACKSON	190,077	3			1	2	1		1		1	3		2		4		14	4
LINCOLN	46,697			3		3				1	1			1				8	1
DOUGLAS	102,332	1	2	1	2	1			1	1	2	3	2				1	9	7
MARION	296,995	1	1			1	2	2	1	1	2	1						6	0
COOS	63,019	1		2		2		2										5	0
BAKER	15,375	1	1		2	1	1	1	3	1	1			1		1		6	0
DESCHUTES	129,492	1								1		2						4	1
GILLIAM	1,778				1					2		1						3	1
KLAMATH	64,769					1				1		1		1	1			4	0
COLUMBIA	46,261	1						1										2	0
UNION	25,567	1				1												2	0
YAMHILL	59,384	1	3	1					3						1			2	7
CROOK	20,600									1								1	0
MORROW	11,627					1	1		1									1	2
POLK	65,895				1			1										1	1
HOOD RIVER	20,780											1						1	0
WALLOWA	7,083											1						1	0
BENTON	79,335																	0	0
CLATSOP	35,620				1													0	1
CURRY	21,813												1					0	1
GRANT	7,454																	0	0
HARNEY	7,164																	0	0
JEFFERSON	19,687																	0	0
LAKE	7,440																	0	0
MALHEUR	31,229																	0	0
SHERMAN	1,754																	0	0
TILLAMOOK	26,590													1				0	0
WASCO	23,591																	0	0
WHEELER	1,505																		
TOTALS:	3,559,596	59	26	40	15	50	24	38	27	60	20	43	12	42	3	31	2	344	132



OREGON COUNTIES
METHAMPHETAMINE LABORATORY SEIZURES (Reported to the Oregon Department of Justice/WSIN)
CY 1998 - PRESENT
(Includes: Operational, Non-Operational, Boxed/Dismantled, Dumpsites, and Chemical Seizures)

	CY YEAR	July 1, 2003	1998	1999	2000	2001	2002	2003	2004	2005	Per Capita 2002	Per Capita 2003	Per Capita 2004	Per Capita 2005
										1-1-05 to 6-31-05				
	COUNTY	Population												
30	UMATILLA	72,008	2	9	23	40	47	51	91	31	1532	1180	791	2323
26	MULTNOMAH	677,813	58	61	10	82	74	68	138	26	9160	9968	4912	26076
3	CLACKAMAS	357,435	7	18	0	10	15	7	24	12	23829	51862	14893	29786
19	DOUGLAS	102,332	7	29	2	29	14	11	9	9	7309	9363	11370	11370
20	LANE	330,527	84	49	54	69	53	44	33	8	5246	7512	10015	41315
22	LINN	106,121	8	12	3	48	43	54	26	8	2468	1965	4082	13295
1	BAKER	16,375	0	0	0	7	14	2	8	8	1170	5188	2047	2047
24	MARION	296,995	1	0	20	25	50	34	7	7	5940	8736	42428	42428
36	YAMHILL	89,384	1	0	84	17	8	4	4	7	11173	22346	22346	12769
17	JOSEPHINE	79,030	21	32	2	52	41	28	22	4	1928	2823	3592	19759
15	JACKSON	190,077	9	7	2	20	12	10	17	4	15840	19008	11181	47519
25	MORROW	11,627	0	0	9	3	5	2	2	2	2325	5814	5814	5814
21	LINCOLN	44,667	1	4	3	24	13	2	8	1	3436	22334	4863	44667
18	KLAMATH	64,769	3	3	2	8	3	6	5	1	21590	10795	12954	64769
11	GILLIAM	1,778	0	0	0	0	1	0	3	1	1778		593	1778
27	POLK	65,995	1	1	15	10	5	6	1	1	13199	10999	65995	65995
4	CLATSOP	35,829	2	1	0	2	7	2	6	1	5117	17910		35820
8	CURRY	21,613	2	1	1	3	3	3	0	1	7271	7271		21813
34	WASHINGTON	479,496	18	17	63	59	58	72	28		8267	8560	17125	
6	COOS	63,019	9	2	0	14	9	5	5		7002	12604	12604	
9	DESCHUTES	129,492	1	2	2	13	9	6	6		14389	21582	21582	
5	COLUMBIA	46,251	5	4	0	1	7	5	2		6609	9252	23131	
7	CROOK	20,609	0	1	1	2	0	0	2				10305	
31	UNION	24,561	0	1	27	6	1	4	2		24561	6140	12281	
2	BENTON	79,335	2	1	0	9	6	4	1		13223	19834		
14	HOOD RIVER	20,780	0	0	2	3	2	3	1		10390	6920	20780	
32	WALLOWA	7,082	0	0	28	1	0	0	1				7082	
33	WASCO	23,591	1	0	30	3	4	1	1		5898	23591	23591	
12	GRANT	7,454	0	0	2	1	1	0	0		7454			
13	HARNEY	7,184	0	0	0	0	0	0	0					
16	JEFFERSON	19,667	0	0	2	6	4	2	0		4917	9834		
19	LAKE	7,440	0	0	0	0	1	0	0		7440			
23	MALHEUR	31,239	1	1	4	3	4	5	0		7810	6248		
28	SHERMAN	1,754	0	0	20	3	1	1	0		1754	1754		
29	TILLAMOOK	24,589	1	0	21	6	4	2	0		6148	12295		
35	WHEELER	1,505	0	0	0	0	0	0	0					
	TOTALS:	3,559,596	245	256	412	591	529	454	448	132	6729	7841	7946	26967




Oregon Meth Lab Seizures
Reported to the Oregon Department of Justice by Year (as of 8-31-05)
700
600
500
400
300
200
100
0
245
256
412
591
529
454
448
132
1998
1999
2000
2001
2002
2003
2004
2005

Mr. SOUDER. Mr. Rodriguez, good to see you again.

Mr. RODRIGUEZ. You as well, Chairman.

STATEMENT OF DAVE RODRIGUEZ

Mr. RODRIGUEZ. Chairman Souder, Congressman Walden, members of the community, my name is Dave Rodriguez, and I've been the HIDTA director since 1997. I want to thank the committee for giving me the opportunity to testify today.

Mr. WALDEN. Can you hear him in the back? Yours might need to be moved closer.

Mr. RODRIGUEZ. The Northwest HIDTA fosters partnerships between law enforcement agencies. At last count, we had the participation of 392 task force officers and support staff representing 96 law enforcement agencies Statewide. We emphasize information sharing, case support, deconfliction practices, and training.

As indicated in the 2005 HIDTA Threat Assessment, methamphetamine abuse, availability, and production continues to pose a significant threat to Washington State. The data from the National Drug Intelligence Center indicates that 91.1 percent of the State and local law enforcement agencies in Washington described methamphetamine as the greatest drug threat in the area.

The number of reported meth labs in Washington began to decrease in 2002, when the State ranked third nationally with 1,445 lab-related seizures as reported by the El Paso Intelligence Center. Washington then dropped to sixth in the Nation in 2003 with 928 seizures, and again ranked sixth in 2004 with 935.

Production creates and introduces toxic and hazardous waste in the environment that endangers law enforcement personnel and emergency response teams, as well as adults and children visiting or residing in or near the homes of methamphetamine producers.

The dangers associated with meth production are not limited to chemical toxicities. Oftentimes individuals addicted to this drug are extremely violent. On March 17, 2005, DEA task force agents and officers of Yakima, WA, working in a HIDTA-supported investigation, conducted an undercover operation to buy 1 pound of methamphetamine ice from a male and female suspected of being drug traffickers.

During the course of the arrest, agency task force officers were fired upon and were involved in a high speed pursuit of the subject. The male subject jumped out of the vehicle in front of a convenience store where he had taken a female hostage and held her at gunpoint for about 2 hours before he surrendered.

Pseudoephedrine and ephedrine are the most commonly diverted precursor chemicals used in illicit drug production in Washington State. An increasingly popular method of acquiring precursor chemicals in Washington is through Internet sales. Although moving pseudoephedrine from Canada to the United States has decreased, increasing quantities of ephedrine are being smuggled across the U.S.-Canada border.

Data reported from the western sector in Washington of the U.S.-Canada border indicates that 1,462 pounds of ephedrine has been seized in calendar year 2005, representing a 48 percent increase from calendar year 2004. There has been no pseudoephedrine seizures reported in calendar year 2004 or 2005.

In spite of reports of a declining number of meth labs in Washington State, the level of methamphetamine abuse remains high. Data from the Treatment Episode Data Set indicates a significant increase in amphetamine-related treatment admissions in 2004—9,356—, ending the previous downward trend from a peak in 2001—8,260.

High purity, low-cost methamphetamine is readily available throughout the State. The National Drug Survey shows that 98 percent of State and local law enforcement agencies in Washington described meth availability as high or moderate in their jurisdictions. The availability and demand for crystal methamphetamine is also increasing throughout the State.

Most of meth available in Washington is produced in large-scale superlabs primarily located in Mexico and California. The Federal-wide Drug Seizure System data indicates that Washington ranked sixth in the Nation, based on weight, for Federal seizures of methamphetamine in calendar year 2004, down from fourth in calendar year 2003.

Although the use of meth itself is a crime, there are several other crimes that have been increasing because of the prolific use of the drug. There is a strong correlation within areas with high levels of meth abuse with increased levels of identity theft, auto theft, burglary, assaults, and domestic violence.

As the meth threat from clan labs has declined, the transportation of meth from other States has increased. On February 13, 2005, 24 suspects were arrested for conspiracy and possession with intent to distribute meth and cocaine throughout the Northwest.

This was the result of a 2½ year multi-agency cooperative investigation of a significant drug trafficking organization involved in bringing large quantities of meth and cocaine from Mexico through the Tri-Cities to the greater Spokane area, and then distributing these drugs to customers throughout the Northwest, including the States of Idaho and Montana.

Agents and officers obtained 10 Federal search warrants for residences in Spokane and Franklin County of Tri-Cities, as well as Kootenai County in Idaho. During the investigation and execution of search warrants and other enforcement operations, agents and officers seized 10 pounds of methamphetamine, 8 pounds of cocaine, one semi-automatic handgun, 10 vehicles, and approximately $60,000 in currency.

Also, agents and officers were able to establish a direct link between this criminal organization and the drug traffickers operating out of Mexico.

In 2004, the Northwest HIDTA provided over 53,000 pieces of print and electronic meth education material, as well as provided information with the HIDTA Web site M-Files, which received over 2,000,000 hits and 80,000 visitors.

To conclude, I would like to thank you for the opportunity to testify today regarding the methamphetamine epidemic, and at this time if you have any questions, I'd be pleased to answer them.

[The prepared statement of Mr. Rodriguez follows:]

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA
Investigative Support Center
400 2nd Ave W
Seattle, WA 98119
Phone 206-352-3600 Fax 206-352-3699

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

Testimony of Dave Rodriguez
Director, Northwest High Intensity Drug Trafficking Area (HIDTA)

October 14, 2005

Chairman Souder, distinguished members of this committee, my name is Dave Rodriguez, and I have been the director of the Northwest HIDTA since June 1997. 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 continuing problems regarding methamphetamine abuse and trafficking in this region. Additionally, I wish to thank you for this opportunity for input from the Northwest HIDTA Program. The Northwest HIDTA Program began in January 1997 with the authorization for funding of seven counties, including King, Pierce, Skagit, Snohomish, Thurston, Whatcom, and Yakima. In September 2002, seven additional counties were authorized and subsequently added: Benton, Clark, Cowlitz, Franklin, Kitsap, Lewis, and Spokane. The Northwest HIDTA Executive Board consists of the following: Alcohol, Tobacco, Firearms, and Explosives; Drug Enforcement Administration; Everett Police Department; Federal Bureau of Investigation; Internal Revenue Service – Criminal Investigation; King County Sheriff's Office; Seattle Police Department; Thurston County Sheriff's Office; U.S. Attorney's Office – Western District of Washington; U.S. Bureau of Immigration and Customs Enforcement; U.S. Coast Guard – District 13; U.S. Marshal's Service – Western Washington; U.S. Secret Service; Washington State Patrol; Whatcom County Prosecutor's Office; and Yakima County Sheriff's Office.

The Northwest HIDTA fosters partnerships between law enforcement agencies, thereby increasing their cooperative effort within the region and with other HIDTAs. At last count, the Northwest HIDTA has the participation of 392 task force officers and support staff representing 96 law enforcement agencies statewide. We emphasize information-sharing, case support, deconfliction practices, and training throughout the Northwest HIDTA region to protect our officers and citizens from the dangers of illicit drugs and associated crimes of violence.

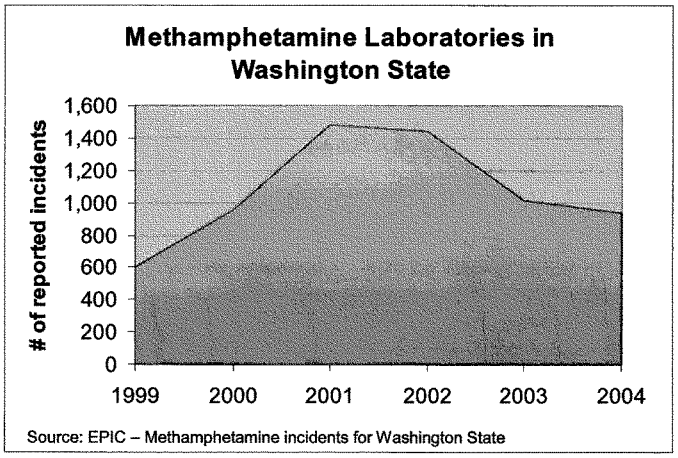
Methamphetamine Threat

U.S. Attorney General Alberto Gonzales recently declared that, "in terms of damage to children and to our society, meth is now the most dangerous drug in America."

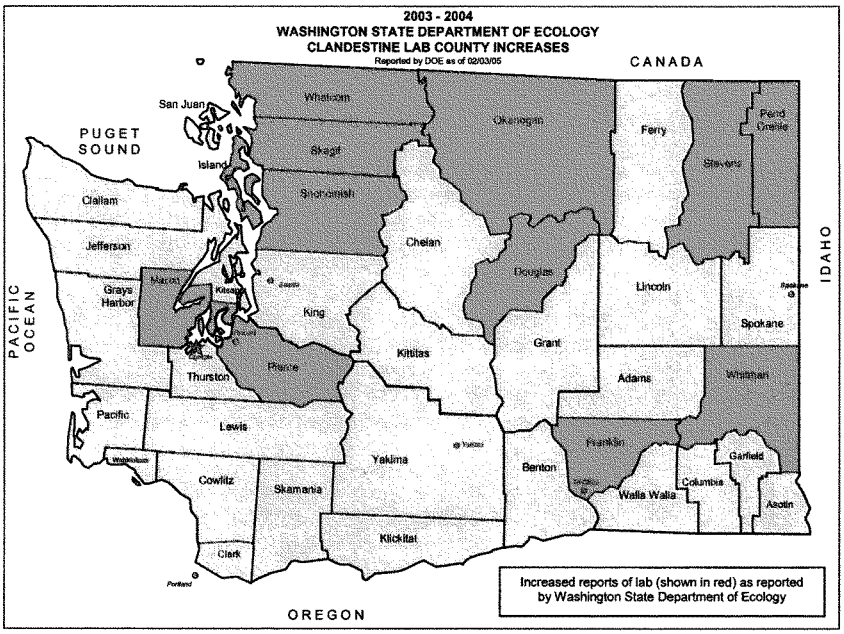
As a programmatic requirement, the Northwest HIDTA must continuously update the current drug threat and trend analysis to adapt and adjust the coordinated strategies of all multi-agency drug enforcement task forces supported by the HIDTA. A yearly Threat Assessment is developed and disseminated along with other reporting requirements. As indicated in the 2005 Northwest HIDTA Threat Assessment, methamphetamine availability, abuse, and production continues to pose a significant drug threat to Washington. Data from the National Drug Intelligence Center, obtained from the 2004 National Drug Threat Survey (NDTS), indicate that 91.1 percent of the State and local law enforcement agencies in Washington describe methamphetamine as the greatest drug threat in their area.

Production:

Methamphetamine production in Washington is a continuing problem, although laboratory-related seizure and incident data reflect a downward trend in production within the state in recent years. Nevertheless, NDTS 2004 data show that 85.1 percent of the State and local law enforcement respondents in Washington report the level of methamphetamine production as high or moderate in their jurisdictions. The number of reported methamphetamine laboratories in Washington began decreasing in 2002 when the state ranked 3rd nationally with 1,445 laboratory-related seizures as reported by the El Paso Intelligence Center (EPIC). Washington then dropped to 6th in the nation in 2003 with 928 seizures, and again ranked 6th in 2004 with 935 seizures (as of 4/7/05).



Data from the Washington State Department of Ecology (specific to data for the Tri-Cities area) shows that clandestine methamphetamine laboratory seizures decreased in 2004 for both Benton and Yakima counties, while laboratory seizures in Franklin County increased by one in 2004. Benton County ranked 5th (with 57 labs reported in 2004) in the State, while Franklin County ranked 15th (14 labs reported) and Yakima County ranked 22nd (7 labs reported). Pierce County continues to have the highest number of labs reported in Washington State with 541 labs reported in 2004, followed by King (199 labs reported) and Snohomish (101 labs reported) counties. The decline of reported methamphetamine production in Washington may reflect the impact of successful law enforcement efforts, increased community awareness, harsher sentencing for methamphetamine production offenses, increased difficulty in obtaining precursor chemicals due to legislative efforts, increased regulation of chemical manufacturers and distributors of precursor chemicals, increased availability of methamphetamine produced outside the state, and the Northwest HIDTA program and it's partnerships. Trend analysis has indicated a moderate shift in incident locations–from the higher-population counties to the lower-population counties–representing a continuing movement of methamphetamine production operations to counties with less concentrated law enforcement resources.



The majority of methamphetamine laboratories in Washington are established in apartments, garages, motel rooms, and private residences as well as in mobile conveyances including stolen vehicles. Methamphetamine laboratories also are increasingly found on Washington State public lands such as national parks and national and state forests. Methamphetamine laboratories and their associated dumpsites pose a significant threat to public lands in Washington.

Methamphetamine production in any location poses serious safety and environmental concerns to Washington. The production process creates and introduces toxic and hazardous waste into the environment that endangers law enforcement personnel and emergency response teams, as well as adults and children visiting or residing in or near the homes of methamphetamine producers. Moreover, many of the precursor chemicals used in production are volatile and can be extremely dangerous if not handled properly. Children living in homes where methamphetamine laboratories exist are often affected by the caustic chemicals used for production and typically live in deplorable conditions. According to EPIC's Associated Children Report, of the 72 children affected by methamphetamine production in Washington in 2004, 63 were discovered to be present at a laboratory site and 11 were exposed to toxic chemicals.

Methamphetamine laboratories may contain a variety of highly flammable chemicals that produce five to seven pounds of toxic waste for every pound of methamphetamine

produced. Most of the toxic residue from methamphetamine production is dumped in the local area, often contaminating groundwater and killing vegetation. The cleanup of seized laboratories is costly and difficult because of the hazardous chemicals used in production, and chemical contamination is often detected at laboratory sites up to two years after methamphetamine production has ended.

The dangers associated with methamphetamine production are not limited to chemical toxicity; oftentimes individuals addicted to this dangerous drug are extremely violent. On March 17, 2005, Drug Enforcement Administration (DEA) Task Force agents and officers in Yakima, WA conducted an undercover operation to buy one pound of methamphetamine "ice" from a male and female suspected of being drug traffickers. During the course of the arrest, agents and Task Force Officers were fired upon and were involved in a high-speed pursuit of the subject and a female associate. The subject jumped out of the vehicle in front of a convenience store where he had taken a female hostage and held her at gunpoint for about two hours. After throwing out a semi-automatic handgun and magazine, the subject released the hostage and surrendered himself to law enforcement officers. The subject was arrested and will be charged federally. The female associate was arrested earlier after having driven the subject's vehicle to another location.

Precursors:

Many chemicals and other precursors used in methamphetamine production can be purchased legally, or are stolen. Pseudoephedrine and ephedrine are the most commonly diverted precursor chemicals used in illicit drug production in Washington. NDTS 2004 data indicate that a significant majority of State and local law enforcement agencies in Washington report that pseudoephedrine and ephedrine are commonly diverted in or from their jurisdictions for use in the production of illicit drugs.

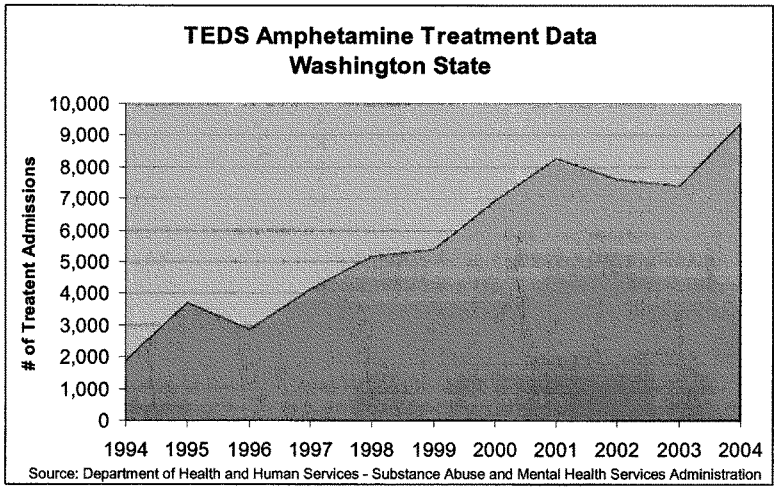
The diversion of methamphetamine precursors from Canada to the illicit market is a continuing problem. Although the movement of pseudoephedrine from Canada to the United States has decreased, increasing quantities of ephedrine are being smuggled across the U.S.-Canada border. Data reported for the western sector in Washington of the U.S.-Canada border (west of the Cascade Mountain Range) indicates that 1,462 lbs of ephedrine has been seized in CY 2005, representing a 48 percent increase from CY 2004, whereas no pseudoephedrine seizures were reported in CY 2004 or CY 2005. Intelligence indicates that ephedrine that is smuggled into the U.S. is intended for delivery to California based super-labs.

Not only are precursors being smuggling into the U.S. but there are increasing reports of methamphetamine laboratories in lower British Columbia. The most significant example was discovered in September 2005 in British Colombia, Canada. The Abbotsford Police Department Drug Unit, assisted by the Royal Canadian Mounted Police Clandestine Lab Team and Health Canada chemists, dismantled the largest methamphetamine lab that a senior Health Canada chemist reported he had ever seen. This super-lab was contained in the garage and basement area of the residence and approximately $2.5 million worth of methamphetamine was located and seized. It was estimated that the production capacity for this lab was 14 kg of methamphetamine produced every 24 hours.

Chemical reagents and solvents are commonly diverted for use in illicit drug production in Washington as well. According to NDTS 2004 data, 81.7 percent of State and local law enforcement agencies in Washington report that anhydrous ammonia is a commonly diverted solvent for use in illicit drug production in their jurisdictions, and 60.7 percent report that red phosphorous is a commonly diverted reagent. Methamphetamine laboratory operators have also continued the trend of producing their own anhydrous ammonia using ammonia sulfate, ammonia nitrate, and household lye. Other operators purchase anhydrous ammonia from agricultural supply stores and marinas or steal anhydrous ammonia from farmers in eastern Washington. Anhydrous ammonia theft has recently expanded to include fish packing plants along Washington's coast and in Puget Sound Ports. Lithium, another chemical used in methamphetamine production, often is extracted from batteries sold at many retail stores. Iodine is often purchased at local feed stores. An increasingly popular method of acquiring precursor chemicals in Washington is through Internet sales.

Abuse:

In spite of reports of a declining number of methamphetamine laboratories in Washington State, the level of methamphetamine abuse remains high. Data from the Treatment Episode Data Set (TEDS) indicates a significant increase in amphetamine-related treatment admissions in 2004 (9,356) ending the previous downward trend from a peak in 2001 (8,260).



Aggregate adult and youth methamphetamine-related treatment admissions (reported by the Washington State Department of Social and Health Services Division of Alcohol and Substance Abuse) have remained consistent for the Tri-Cities area. In State Fiscal Year (SFY) 2003, Yakima County ranked 7th (404 admissions), Benton County ranked 14th (167 admissions), and Franklin County ranked 21st (50 admissions). The most active counties for SFY 2003 were Pierce County (954 admissions), Spokane County (614), and Clark County (579 admissions).

According to the Community Epidemiology Work Group, the proportion of 24-Hour Alcohol and Drug Helpline calls remained consistent for methamphetamine-related calls from January 2001 through June of 2004. Approximately 20 percent of adult and 18 percent of youth calls (among those involving illicit drugs) were methamphetamine-related. Methamphetamine is the second most commonly mentioned illicit drug following marijuana for youth callers. For adults, methamphetamine-related calls are less common than those regarding cocaine, similar to marijuana and more common than heroin.

In 2004 the Pediatric Interim Care Center, a non-profit organization that provides interim care for drug affected infants born in Washington, reported that 49 newborns suffered from the effects of prenatal exposure to amphetamines. This number surpassed the number of infants admitted who suffered from the effects of cocaine (34), opiates (32), cocaine and opiates in combination (18), and psychotropic medications (2). An additional 14 infants were admitted who had been exposed to a combination of amphetamines and cocaine or opiates.

The percentage of Federal drug sentences that were methamphetamine-related in Washington was higher than the national average in FY 2002. United States Sentencing Commission (USSC) data indicate that 32.4 percent of Federal drug sentences in Washington were methamphetamine-related (up from 31.5 percent in FY 2001) compared with 15.5 percent nationally in FY 2002. The percent of Federal methamphetamine-related drug sentences for the Western District of Washington was 29.5 percent in FY 2002, while accounting for 37.6 percent in the Eastern District. (FY 2002 is the most current USSC data available.)

Availability:

High purity, low cost methamphetamine is readily available throughout Washington. NDTS 2004 data show that 98.0 percent of the State and local law enforcement agencies in Washington described methamphetamine availability as high or moderate in their jurisdictions. The availability and demand for crystal methamphetamine is also increasing throughout Washington. As efforts to combat methamphetamine have increased, production operations have shifted to areas with fewer resources dedicated to combating methamphetamine. High demand has attracted the importation of methamphetamine from other areas, potentially including more rural areas of Washington and other states.

Most of the methamphetamine available in Washington is produced in large-scale, super-labs primarily located in Mexico and California. Decreasing super lab seizures in

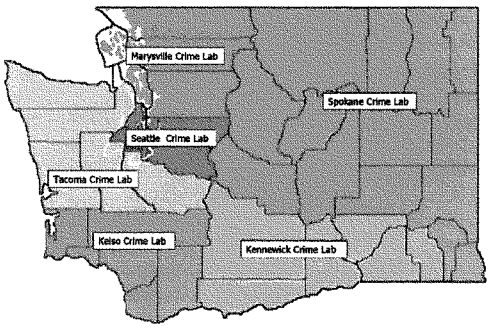
the U.S. coupled with increasing methamphetamine seizures along the Southwest Border could indicate that methamphetamine super-labs are being relocated to Mexico. Methamphetamine produced locally in Washington by Caucasian criminal groups or independent operators also is available, but to a lesser extent. Crystal methamphetamine, a highly pure and addictive form of the drug known as "ice," has become increasingly available in Washington.

The Federal-wide Drug Seizure System (FDSS) data indicate that the amount of methamphetamine seized by Federal law enforcement officials in Washington increased overall from 48.3 kilograms in CY 1999 to 206 kilograms in CY 2003, but then decreased to 75 kilograms in CY 2004. FDSS data also indicate that Washington ranked 6th in the nation (based on weight) for Federal seizures of methamphetamine in CY 2004, down from 4th in CY 2003.

Data obtained from the Washington State Patrol Crime Laboratories indicate that methamphetamine availability continues to increase. In 2004, the state average for laboratory submissions that tested positive for methamphetamine was over 50 percent of the total exhibits analyzed.

INVESTIGATIVE ASSISTANCE DIVISION
Regional Drug Trends by Laboratory Submissions
2004 Statistics compiled by the Washington State Patrol Crime Laboratory and the Investigative Assistance Division

Drugs	Seattle Crime Lab	Tacoma Crime Lab	Kelso Crime Lab	Kennewick Crime Lab	Spokane Crime Lab	Marysville Crime Lab
Meth	37.2%	55.6%	81.3%	54.4%	59.9%	34.8%
Cocaine	45.0%	17.8%	6.2%	23.1%	28.5%	22.3%
Heroin	5.6%	6.8%	6.4%	3.8%	3.1%	6.0%
Oxycodone	1.8%	0.8%	0.9%	1.0%	1.7%	2.2%
Marijuana	18.8%	23.0%	5.0%	30.2%	25.1%	13.2%
PCP/LSD	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%
MDA/MDMA	1.5%	0.6%	0.3%	0.0%	0.6%	0.8%
Submissions	3,068	1,980	2,159	2,271	2,008	3,177



One strong indicator of availability is the price and purity of methamphetamine available in Washington. The price of methamphetamine in Washington varies depending on type, location, level of distribution, and the ethnicity of the seller and the buyer. Overall prices have not significantly changed and purity levels have increased in the region, another indication that availability remains high. Respondents to the 2005 Northwest HIDTA Threat Assessment Survey reported that wholesale quantities of powdered methamphetamine sold for an average price of over $16,000 per kilogram and approximately $7,000 per pound, while retail quantities sold on average for nearly $650 per ounce and nearly $60 per gram. Respondents to the 2005 Northwest HIDTA Threat Assessment Survey reported that wholesale quantities of crystal methamphetamine sold for an average price of over $23,000 per kilogram and approximately $11,000 per pound, while retail quantities sold on average for $1,000 per ounce and over $90 per gram. Methamphetamine purity levels in Washington increased during FY 2004. According to the DEA Seattle Field Division, the overall purity of ounce quantities of methamphetamine seized and tested in Washington during FY 2004 averaged nearly 68 percent, reflecting an increase from the 45 percent average purity reported in 2003.

Related Crime:

Although the use of methamphetamines is itself a crime, there are several other crimes that have been increasing because of the prolific use of this drug. There is a strong correlation within areas with high levels of methamphetamine abuse with increased levels of identity theft, auto theft, burglary, assaults, and domestic violence. To better understand the extent of the problem, the National Association of Counties (NACo) recently conducted surveys of law enforcement and county child welfare officials in order to determine the impact of methamphetamine on these county services and their communities. Washington State respondents indicated that domestic violence (81.8% of respondents), assault (73% of respondents), robbery/burglary (100% of respondents), and identity theft (100% of respondents) has increased in their counties as a direct result of methamphetamine. Out of the 11 respondents to the NACo survey from Washington State, 100 percent reported that arrests where methamphetamine was involved have increased in the last 5 years (also in the last 3 years) and 7 (64%) reported that arrests have continued to increase in the last year. All of those surveyed in Washington State indicated that the use of methamphetamine in their county has lead to increased workloads for public safety staff.

The Federal Trade Commission reports that in 2004, Washington State ranked 8th in the nation (as ranked per 100,000 of the population) for identity theft victims. There were a total of 5,654 identity theft victims, equating to 91.1 victims per 100,000 population, reported for Washington State in 2004. The top cities in terms of number of victims were Seattle (753), Vancouver (329), Tacoma (326), Spokane (240), and Bellevue (141).

Response to the Threat

Intelligence:

A major function of the Northwest HIDTA is to provide both operational and strategic intelligence in the form of analytical case support, deconfliction, and strategic assessments. The Northwest HIDTA Threat Assessment is used by federal, state, and local law enforcement agencies and programs for strategic development and is the most comprehensive document available for information regarding the drug threat to Washington State. Another strategic project was completed for the geographical target area of "White Center" located in the Seattle-King County area. As part of the Office of National Drug Control Policy's 25-Cities Initiative, this report assisted law enforcement efforts by identifying the methamphetamine threat. The trend and predictive analysis for this project allowed law enforcement to respond to street gangs primarily involved in sale of methamphetamine in the community. Crime statistics analyzed one year after the initiative showed a significant reduction in not only drug sales but also other felony offenses such as burglary, robbery, assaults in the area and a shift of activity to outlying areas. The Northwest HIDTA Investigative Support Center also coordinates efforts with law enforcement agencies in the state for clandestine lab reporting to EPIC. Other intelligence operations include the Meth Hotline, funded and operated by the Northwest HIDTA, which has allowed citizens to assist law enforcement efforts regarding methamphetamine investigations. In 2004, 172 intelligence leads were provided to the HIDTA Investigative Support Center.

Operational / Enforcement:

The Northwest HIDTA Border Initiative has impacted the route of entry for methamphetamine precursors entering the state from Canada. Precursors are therefore increasingly being seized on maritime routes, in eastern portions of Washington and also in other states. One major pseudoephedrine seizure in recent years resulted in the indictment of eight individuals in March 2004 for 'Conspiracy to Import' 540 pounds of pseudoephedrine into the United States from Canada in July 2003. The pseudoephedrine was destined for a super-lab in the Yakima, WA area. This investigation also identified smuggling methods and routes utilized to transport pseudoephedrine, methamphetamine and currency across the U.S./Canada border.

All of the Northwest HIDTA initiatives have a methamphetamine component and one, the Washington State Patrol Pro-Active Meth Team initiative that provides crucial clan lab and investigative support to all counties (including the Tri-Cities area) that are unable to afford personnel and specialized training to respond to clan labs, is solely dedicated to methamphetamine.

As the methamphetamine threat from clan labs has declined the transportation of methamphetamine from other states has increased. The Northwest HIDTA has quickly established a new initiative to interdict drug traffic on the roadways. The Pacific Northwest Highway Interdiction Program will be an effective tool aimed toward the disruption of drug transportation and the distribution elements of drug trafficking organizations. The Washington State Patrol is the lead agency for this initiative. This

initiative outlines a vast operational area, which encompasses the major highway corridors used for the transportation of drugs not only in Washington State but also in the Pacific Northwest region of the U.S. to include Idaho, Montana, and Oregon.

As an example of the importance of interdiction operations, on February 13, 2005, twenty-four suspects were arrested for conspiracy and possession with intent to distribute methamphetamine and cocaine within the United States. This was the result of two and a half years of multi-agency cooperation to investigate a significant drug trafficking organization involved in bringing large quantities of methamphetamine and cocaine from Mexico through the Tri-Cities to the greater Spokane area, and then distributing these drugs to customers throughout the northwest. Agents and officers obtained ten federal search warrants for residences in Spokane and Franklin Counties, as well as Washington County and Kootenai County, Idaho. During the investigation, execution of search warrants and other enforcement operations, agents and officers seized 10 pounds of methamphetamine, 8 pounds of cocaine, one semi-automatic handgun, ten vehicles, and approximately $60,000 in U.S. currency. Also, agents and officers were able to establish a direct link between this criminal organization and drug traffickers operating from Mexico.

The 2005 Northwest HIDTA Threat Assessment Survey identified 213 Drug Trafficking Organizations (DTO) in CY 2004, with 135 reported by Northwest HIDTA initiatives. Of these, (including DTOs reported by Northwest HIDTA initiatives and Byrne Grant Task Forces) 39 involved only methamphetamine distribution and 85 involved poly-drug distribution which included methamphetamine.

Precursor / Chemical Control:

Another crucial element in combating the methamphetamine threat is the control of production precursors. The Northwest HIDTA participates in the National Methamphetamine Chemicals Initiative and has also been a key participant in the Clandestine Lab Working Group since 1998. The Clandestine Lab Working Group is a coalition of law enforcement, Washington State Department of Ecology, Washington State Department of Health, prosecutors, and licensed contractors for meth lab and dumpsite cleanup that have come together to identify strategies to combat the methamphetamine problem in Washington State. This group and other allied county groups (many organized by the Northwest HIDTA) have been a force in establishing state legislation to increase sentencing for meth cooks, protect Drug Endangered Children, and establish regulations to limit over the counter purchases of pseudoephedrine. The Northwest HIDTA is one of several sponsors of the annual State Meth Summit and is represented on the Governor's Meth Coordinating Committee.

Additionally the Northwest HIDTA sponsors task forces and community-based 'Meth Action Teams' which have established alliances with businesses that sell products containing the ingredients used in the illicit production of methamphetamine to identify pseudoephedrine 'smurfing' efforts. All 39 Washington State counties have implemented citizen-based, interdisciplinary Meth Action Teams and 26 counties have implemented the Washington Meth Watch Retailers' Program. The Washington Meth Watch Retailers' program – a companion element to the Washington Meth Watch Public

Education program – generated nearly 75 percent of the investigative tips received and led to over 50 percent of the meth lab search warrants executed by the Spokane County Meth Lab Team in 2003 and 2004.

Pseudoephedrine transportation from Canada to the United State has decreased, although the amount of ephedrine imported from Canada has increased. The decrease in pseudoephedrine diversion into Washington is due to the Canadian government placing controls on precursor sales in January 2003, enforcement action taken on chemical manufacturers as a result of the DEA / Royal Canadian Mounted Police "Operation Northern Star" (in which the Northwest HIDTA Investigative Support Center provided significant analytical support), and the Northwest HIDTA Border Initiative.

There have been a series of precursor laws executed in the state of Washington since 2001 that have incrementally addressed those issues. Some of the laws include:

> House Bill 1370, effective, July 22, 2001, which provided reporting and record keeping requirements for the sale of precursor drugs and made selling or possessing certain amounts of ephedrine, pseudoephedrine or phenylpropanolamine a gross misdemeanor. The effect of this law has been to curb the sale of the precursors from retail establishments in wholesale amounts to individuals who use the precursors to manufacture Meth and to provide record keeping for regulators and law enforcement agencies that can be used for enforcement purposes.
>
> State Senate Bill 6478, is follow-on legislation that became effective July 1, 2004, and further increases record keeping responsibilities, puts stricter limits on retailers who sell medications without registering with the state and limits the selling of such ingredients to 10 percent of the retailer's total sales. This legislation was developed as a result of suspicious transaction reports disclosing that the sales of precursors by 380 convenience stores in the state appeared to be greatly exceeding the demand for cold remedies.
>
> House Bill 2266, which will become fully effective January 1, 2006, will further restrict access to certain precursor drugs used to manufacture methamphetamine to ensure that they are only sold at retail to individuals upon production of proper identification who will use them for legitimate purposes. Part of this legislation became effective October 1, 2005 and mandated that any product containing any detectable quantity of ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, isomers, or salts of isomers, be kept in a location not directly accessible by customers.
>
> Other legislation that was passed included a law effective March 26, 2002, that increased the penalty for the theft of Anhydrous Ammonia stolen from various commercial sites and farms where it is used. Sentencing reform legislation was passed and became effective July 1, 2004, that increased the sentencing for endangered children found on the premises where methamphetamine or precursors were present. Additionally, there is legislation being sponsored to increase the penalties for manufacturing methamphetamine cooks from 10 to 20 years.

Since many of these laws and their vigorous enforcement had the effect of causing methamphetamine manufacturers to seek other sources for precursors, the laws in place in surrounding states and Canada have had a direct impact on the availability of precursors in the state of Washington. It was noticed as the state laws tightened, more precursors began to flow in from Canada and outlying states. In 2002, the Canadian government created the Precursor Control Regulation under the Controlled Drugs and Substances Act to establish a regulatory framework for Canada to address domestic and international concerns in controlling precursors. The intent of the phased-in regulation is to reduce diversion, deny criminal organizations the ability to legally purchase these chemicals, increase public safety, and reduce risks and harm to the environment.

Another example of the effect legislation and enforcement can have on the acquisition of precursors involves reports that there has been a dramatic increase of customers from Oregon purchasing tincture of iodine and methlsulfonylmenthame (MSM) at feed and tack stores in southwest Washington. The state of Oregon's precursor substance law (effective January 1, 2002) established restrictions on the most commonly used precursors/chemicals for methamphetamine production including iodine and MSM (not currently identified in State of Washington legislation).

Training:

The Northwest HIDTA sponsors free training to law enforcement personnel responding to and investigating clandestine methamphetamine labs. Many of 126 law enforcement officers who received this training in 2004 came from agencies that would not otherwise be able afford it. The importance of this training not only pertains to enforcement but is extremely important for the safety of those who might come into contact with the dangerous chemicals involved with methamphetamine production. In addition, most of the Northwest HIDTA law enforcement initiatives have a methamphetamine awareness-training component to familiarize businesses, government, and community groups with indicators of methamphetamine production and abuse. As an example, the Washington State Patrol Pro-Active Meth Team provided methamphetamine awareness classes to 2,225 individuals in 2004.

Community Education:

In 1999, the Northwest HIDTA Prevention/Treatment Initiative implemented the Project Safe Areas for Everyone (S.A.F.E.) Methamphetamine Public Education curriculum in partnership with the Thurston County Meth Action Team. The curriculum was updated as the Washington Meth Watch Public Education curriculum in 2003 and, in partnership with the Spokane County Meth Action Team, over 200 citizens (representing 29 counties) have been trained to provide Meth Watch presentations. In 2004, this Citizens' Speakers Bureau provided 81 presentations to 3,166 attendees.

Other related Northwest HIDTA activities have included the placement of meth education messages on billboards, buses, TV and radio, and in movie theaters. Over 53,500 pieces of print and electronic meth education materials were distributed throughout the Northwest HIDTA region in 2004, and the "M-Files" website (www.mfiles.org) received over 2,000,000 hits and 80,000 visitors.

Recommendations

In order to continue to combat the methamphetamine threat it is imperative to:

- ***Continue to fund and provide training such as the Clan-Lab awareness and recognition.***
- ***Continue to provide demand reduction programs and public awareness campaigns.***
- ***Continue to support and fully fund the Byrne Grant Task Force and HIDTA programs.***
- ***Increase interdiction efforts through the continued funding of the Pacific Northwest Highway Interdiction Program and other similar efforts.***
- ***Continue interdiction vigilance at the northern border through continued cooperation of U.S. and Canadian law enforcement.***
- ***Engage both the Canadian and Mexican governments to reduce the availability of methamphetamine precursors and enhance efforts to reduce production and transportation of methamphetamine into the U.S.***
- ***Reduce the availability of chemical precursors purchased via the internet.***

Mr. SOUDER. Lots of questions. First, I just need to—we may provide a most likely series of some written questions because there's no way to try and get all these.

I want to ask some basic factual questions. You've all provided great specific data which is really helpful. Because as we went into this hearing process a couple years ago, the data was not as specific and often we'd just have kind of general national information. And this is real interesting.

AUDIENCE MEMBER. We can't hear.

Mr. SOUDER. When did Washington State——

AUDIENCE MEMBER. Can't hear.

Mr. SOUDER. When did Washington State pass a precursor chemical—is it behind the counter? Is it a "Schedule V".

Mr. RODRIGUEZ. The latest rendition of the Washington State law limits the access of pseudoephedrine. It is behind the counter or is locked up. It also has an age requirement of 18 years or older. It also maintains a law where you have to show ID, and you're limited to two packs of pseudoephedrine in a 2-hour period.

Mr. SOUDER. When did that law take affect.

Mr. RODRIGUEZ. Took effect in July.

Mr. SOUDER. So bottom line is there were already 3 years of decline in Washington prior to the law.

Mr. RODRIGUEZ. Yes, but we had already subjected pseudoephedrine to other controls not as strict as these, but there were regulations passed including increasing penalties on meth cooks, as well as penalties for drugs endangering children from the meth labs.

Mr. SOUDER. Part of the difficulty of looking at what's having what impact, I was trying to sort out, based on the data, because Washington still has a lot of labs. When did Meth Watch get implemented?

Mr. RODRIGUEZ. Meth Watch is approximately 3 years in our State. It started in Spokane and it spread from there. It's in approximately 29 of 39 counties.

Mr. SOUDER. And when did the initial—in other words, when you hit your peak in 2001 and 2002, Meth Watch was the first reaction with increased law enforcement also prior to that.

Mr. RODRIGUEZ. Meth Watch was implemented around that same period, but I would suspect that the results of our State drop had to do with our State summit and the fact that we formed meth action teams in each of our counties. Each of our counties has an interdisciplinary meth action team of law enforcement, prosecutors, treatment prevention, education professionals. And that's when we started getting our hands around the meth issues.

Mr. SOUDER. Because you had a 33 percent decline in the number of meth labs, even though it's still high, and that's before any control law, which is interesting because what we're finding is this is a pretty typical pattern, that any action has an impact. And it's one of the methods, and often it's implied that it's the only method.

In Oregon, it looked like the data was up and down a little bit more. Mr. Karl, why do you——

Mr. KARL. Well, I think our Meth Watch program started about 3 years ago and kind of got really implemented about 2 years ago Statewide. And we did have from 2001 a slow decline in the num-

ber of reported meth labs. I attribute that primarily to the economic downturn in the lack of law enforcement resources.

There were over 100 State police officers laid off, and there just wasn't the number of police officers, even in small jurisdictions, that were able to investigate or respond to leads about meth labs and underreporting because of that. Only in November of last year did precursor controls in the form of putting pseudoephedrine behind the counter, mandated by—that was November of last year—they put it behind the counter by the Medical Board in Oregon, and since then we've seen a huge drop.

Now, the State legislature enacted a bill that will take effect in 2006 that will make it actually a prescription requirement here to obtain pseudoephedrine products. And so we, like I said, have seen a 60 percent drop during the same period in the number of reported labs.

Counties like Umatilla that are on State borders, and even Portland which is on the State border, although in Eastern Oregon there's several borders that they state where pseudoephedrine controls are not as strict as in Washington or Oregon, and so there's still some, a lot of pseudoephedrine being brought in from other States and there's some being smuggled in as well from Canada and Mexico.

But primarily what I see in Oregon is the shift, and I talked to a treatment provider this week who said we haven't seen a reduction in the demand of treatment because of the pseudo control laws because the addiction caused from it is still being fed, but now it's being fed by this crystal meth coming in from Mexico, and coming in in large quantities.

One pound in Portland can be bought at any time for $9,000, which is about 1,800 individual uses and a profit of over $20,000, so——

Mr. SOUDER. Mr. Benson and Mr. Rodriguez, we talked a second about the Canadian border. I understood Mr. Rodriguez's statement where you have HIDTA teams and a very aggressive watch on hydroponic marijuana and swapping for cocaine and guns and heroin at that border.

In Detroit, the DEA's sting took down looked like 40 percent of the entire pseudoephedrine market in the United States at that time. It's interesting, because I believe Mr. Rodriguez's testimony says there was a drop in the pseudoephedrine, but moving to ephedrine, which you believe is moving to California.

You had in your written testimony, Mr. Benson, an example of where you took down a superlab in Salem. Are you convinced—could you explain a little bit what you mean by the difference between pseudoephedrine and ephedrine? Why couldn't ephedrine also be broken in and become a source of supply to the mom and pop and what we would call the slightly larger than mom and pop operations? Is that likely to be a variation response to it going behind the counter?

Mr. BENSON. Mr. Chairman, they very well could bring in ephedrine into those smaller labs as well. What we saw at that superlab outside of Salem was obviously members of a Mexican criminal organization where they chose to just really deploy some of their

workers up, and they felt that they were comfortable in that particular location and created a massive lab that was taken down.

But we have seen an increase just over the last—it's not a lot of seizures. It was three seizures that totaled a little over 500 kilograms of ephedrine that have come across from Canada this year.

Mr. SOUDER. Do you have any comments on that, Mr. Rodriguez, on how you think this—do you think the ephedrine will get into what used to be the mom and pop labs, as far as Canada? And let me ask you another question, both of those, and Mr. Karl as well, both of you, I know in my district, which isn't on the Canada border, but there's a huge business in seniors' prescriptions.

The question is, when is this going to move to the mom and pop lab just to go on the Internet and get it shipped in, which will be much harder to find than the Meth Watch programs going through pharmacies and grocery stores. Have you seen any of that?

Do we have any monitoring efforts to see whether it's coming in, any friendly working relationships with UPS and Fed-Ex, trying to figure out what's happening here? Hydroponic marijuana plants are being shipped across. We track that to some degree.

Mr. BENSON. Mr. Chairman, we do track with our Canadian colleagues and we have a close working relationship with the RCMP on looking at ephedrine moving through Canada. And we have seen, you know, this year an increase mainly in three seizures coming in.

And it's clearly—our intelligence indicated it was going down into California to be manufactured in the superlab operations.

Mr. SOUDER. Anything on the Internet.

Mr. BENSON. We have seen a couple of examples of pseudoephedrine being sold on the Internet here in this State.

Mr. SOUDER. Let me make this comment to you. Most things people think they are buying from Canada are actually fronts coming up from Mexico. For seniors who think they're buying Canadian drugs, those are often fronts—and we're learning this increasingly—because Canada doesn't have, whatever drug it is, the amount that's coming into the United States right now.

Often those are based, you can see when you go to the Mexican border, drug stores all along the lines that are shipping in as pharmacies. So just because it's coming in theoretically from Canada on the Internet doesn't even mean it's coming from Canada.

But I'm wondering whether, in the HIDTAs, have you looked at this or heard stories on the street? Clearly there's going to be a reaction to move to crystal meth, and some of it will be try to find alternative sources for—

Mr. RODRIGUEZ. Mr. Chairman, as far as the Internet, there is anecdotal information that we have. I talked to one of the officers-in-charge of the Pierce County Special Investigation Unit.

Pierce County is the county in Washington where we have the most meth labs. There were over 500 reported in just that one county. It's always led Washington State, and at one time it was No. 3 in the West Coast behind San Bernardino and Riverside Counties.

The officer-in-charge told me that when they raided this one lab in the county, after they had entered the lab, secured the suspects, that there was a delivery of pseudoephedrine through UPS that

had arrived at the residence. And the pseudoephedrine, they found out, was ordered over the Internet. It came out of India.

And it was contained in—there were 10 jars in the box. Each jar had about I believe it was 500 tablets of 30 or 60 milligrams of pseudoephedrine. And he had been ordering numerous amounts of this pseudoephedrine over the Internet, not only from India but also from New Zealand.

And so that, I can report that's one of the issues that we have, as well.

Mr. SOUDER. I mean, this is really troubling, because it means it will be harder than if we monitored it wholesale going into local—because one of your big sting operations you have written in here, too, and you all refer to is working with the wholesalers and taking down some of the wholesalers because you can see where it went to a retail pharmacy or grocery store because they all have to buy from the wholesale.

So we have methods of tracking that. What we don't have is methods of tracking it over the Internet coming from India.

Mr. WALDEN. Mr. Chairman, I actually have legislation that will help deal with that. Congressman Jim Davis, a Democrat out of Florida and I put in last session and have it in this session that deals with this whole issue of Internet drug sales by requiring a standard which the National Boards of Pharmacy have agreed to and you would label the site.

Now, you say you could counterfeit the site, but we link back to the control mechanism being the credit card companies, that they can't process a transaction on the Internet that isn't from a certified site. Then you would know that the drugs you were purchasing on the Internet were as safe and secure as the drugs you purchase down the street at your local pharmacy.

As you can imagine, the credit card companies don't like any piece of this because they don't want to be in that part of the business. But if you can't track the money, I don't know any way to track the Internet sales. And you're absolutely right, this thing is going to get ahead of us in that respect.

Mr. Karl, I want to followup on some of your testimony involving Oregon and the issuance of 70,000 Oregon driver's licenses that were issued fraudulently.

Mr. KARL. That's conservative. It's up toward the top end, toward 80,000 is what I understand. I do not have access to the exact details, but I know it's currently in prosecution by the Oregon Department of Justice in Washington County, and that's phenomenal.

Mr. WALDEN. And was it, just on the legal side, wasn't Oregon one of the States that had no requirement to prove citizenship to get a driver's license.

Mr. KARL. At the time, I believe that is correct. The process that was followed was a citizen of the United States, a Hispanic citizen of the United States, was running a business to provide false identification to the Department of Motor Vehicles in order for people to prove that they were a resident and could get a valid Oregon driver's license.

That process has been tightened up, obviously, as a result of this case, but it's a—I bring it up as an example of how a lot of the identification processes need to be tightened nationwide.

Mr. WALDEN. Well, as you know, we passed the Real ID Act to do precisely that, or at least to try to drive it federally, which you kind of hate to do as a States' rights guy. But at some point we have a disintegration problem, this national ID problem.

And we know from the 9/11 Commission report some of the highjackers had gotten driver's licenses from I believe Virginia and some other State that they were getting ID cards that they were using to board the plane that they used to drive into the Pentagon, as well as the Twin Towers. So hopefully we can tighten up, as we have on the Federal level, the ID process.

I'd like to know more, now that Umatilla County has been declared a HIDTA, what you're seeing and what's flowing this way and what can be expected on the ground here and how it will affect the whole region out here.

Mr. KARL. Well, clearly, Mexican drug trafficking organizations are operating, have been operating for several years in Umatilla County, in Eastern Oregon, and most rural parts of Eastern Oregon. As recently as last month, over 20,000 plants in six separate groves were taken off that was run by a drug trafficking organization.

The response—and some of these are in Umatilla County and neighboring counties. The response, thanks to HIDTA funding basically, is not to just cut the plants and arrest whoever might be there at the time, but to conduct a thorough investigation before those plants are cut, when it's first discovered, and subsequently.

And so currently we have an OCDETF case going that impacts the whole region where law enforcement agencies that are participating, like the Blue Mountain Narcotics Enforcement Team and other narcotics investigators in Eastern Oregon, are participating with the DEA and the other agencies involved in the OCDETF to do an investigation that will result in dismantling of these drug trafficking organizations.

So the HIDTA funding brings resources to target the organizations to disrupt the supply that provides resources to do that.

Mr. WALDEN. OK. Mr. Benson, I want to followup on the question I posed in my opening remarks about the continued requests I get from this area for more, greater DEA presence on the ground here.

What's the likelihood of that potentiality?

Mr. BENSON. Right now, how we respond to the region is through—there are a couple different ways. One is through our Portland office, which is obviously a distance away. And then we have our office in Tri-Cities. We have two agents that have been deployed there since around 1995, 1996, or so. That's how we've responded.

Clearly, there's a continuing threat here and there needs to be more response. One thing that we've done nationwide is we've begun deploying our mobile enforcement teams to focus on methamphetamine. We just did that in Idaho. That is deploy based on the request from a sheriff or police chief in a particular area. I would encourage that for here.

It's a team of nine agents that, based on a request from a sheriff, an assessment will come in, we'll conduct that, and then they get deployed anywhere from 90, 120 days, 6 months, working side by

side with our State, local counter- parts to deal with the specific drug threat in that region.

Mr. WALDEN. Do you think that 60 or 90-day assignments is going to do the job here.

Mr. BENSON. We would go in looking with the mind-set of looking at the targets that the local law enforcement authorities have identified that are the most significant, and we would attempt to do as much as we could in that timeframe. Now, when that meth team would leave, again that would pick up more responsibility on the part of our Tri-Cities office and our agency report.

Mr. WALDEN. And you've got, what, two agents in Tri-Cities.

Mr. BENSON. That's correct.

Mr. WALDEN. And then how many do you have this side of the Cascades, Eastern Oregon.

Mr. BENSON. We have offices in Oregon: Portland, Salem, Eugene, Medford. And then in Washington on the east side, we have an office in Yakima, Tri-Cities, and Spokane.

Mr. WALDEN. All right. So nothing east of Bend, then.

Mr. BENSON. No, we don't.

Mr. WALDEN. Does the office you have in Idaho cross back over on the Ontario side.

Mr. BENSON. We have one office in Idaho, and that's in Boise.

Mr. WALDEN. OK. Well, I just know it's a continuing issue here. Consider it popularity, I guess. Everybody wants you. Well, except the bad guys. But clearly that's an ongoing issue. I know when, as I said, Asa Hutchinson was head of the DEA, I talked directly with him about it, and we got some help for a while.

And I continue to hear that. And I hope as you're evaluating your resources, you'll take a look at Northeast Oregon as a place where there's certainly demand for additional assistance. And I know you're constricted on budgets, too.

Mr. BENSON. Yeah. I will give you my word we'll do our best to help our partners in law enforcement out here.

Mr. WALDEN. Thank you. Thank you, Mr. Chairman.

Mr. SOUDER. Let me do some additional questions here. Mr. Benson, if you can't answer these today, if you'll respond in writing—how much assistance in dollars is DEA providing to State and local law enforcement agencies in Oregon and Washington in finding and cleaning up meth labs, including smaller labs?

In other words, one of the things we're trying to sort through is because our Federal agencies are basically structured to take down bigger trafficking organizations, it's clear—and I think it was just yesterday in a memo from Director Tandy's office that we had requested at an earlier hearing of what some of the national DEA efforts are, and what I think that they're learning at the Federal level is because of market demand in the different regions, DEA has actually been doing more on the ground with meth than they realized even at the Washington level.

But do you know off the top of your head what you've spent on meth labs in this zone?

Mr. BENSON. I have a figure here, Mr. Chairman, in Oregon in 2004, $516,000.

Mr. SOUDER. And do you have a trend line on that.

Mr. BENSON. No, but I can get that for you. And then in Washington, $44,230.

Mr. SOUDER. At the end of your written statement, you had a cumulative figure. If you could break that down for us by year in the followup.

Mr. BENSON. Sure.

Mr. SOUDER. Also, if you could give us a dollar value of the meth-related training provided to State and local law enforcement in Oregon and Washington, so we could have that for the record.

And to any of you who know the answer to this question, in addition to the HIDTAs for Oregon and Washington, do you know how many drug task forces are funded by Byrne grants here? Do you have any idea? Is DEA a participant in drug task forces as well as in the HIDTAs?

Mr. BENSON. Pretty much every office we have in my division, Mr. Chairman, is a task force component. So we have that merger of DEA agents and State local officers. I couldn't give you the number on Byrne grant task forces.

Mr. SOUDER. And, generally speaking, around the country do you know of any case where it isn't a Meth Hot Spots proposal or, in other words, a drug task force usually has to have some kind of funding base with which it gets funded.

Could you—we'll ask—individual sheriffs may know here, too, but could you do a quick check of those different offices and ask them, in the drug task forces they're participating in, how many of those came through a COPS, Meth Hot Spots grant and how many of those came from a Byrne grant? And if they didn't come from either the Byrne grant or Meth Hot Spots, where did they get the money?

Because I don't think DEA generally funds the task force directly. I think you provide the agents to a task force that is usually funded.

Mr. BENSON. Or our task force operations would be funded from within our agency budget.

Mr. SOUDER. So some of your agents may be participating in those kind of task forces.

Mr. BENSON. Yes.

Mr. SOUDER. If you could break that out so we can get a picture because Byrne grant money is used in multiple different ways. The COPS grants are used in certain ways. But certain members have designated their COPS money to be used for meth hot spots. And in other cases they use COPS money for meth and it isn't designated a hot spot, but that's how they fund the task force. And we're trying to figure out, when we do certain funding shifts, how that works.

How many meth cases in Oregon and Washington State are funded by OCDETF? Do you know how many currently are being funded?

Mr. BENSON. We have several OCDETF cases ongoing at any given time. I could get you the exact number. It's probably—our priority target investigations are usually OCDETF and we're usually around 50 or so at any given time that are open and active.

Mr. SOUDER. Would you off the top of your head, and you could also then give us the backup info, do you have any idea of how many of those are meth cases? 10 percent? 30 percent? 50 percent?

Mr. BENSON. I would say probably in my division, overall casewise, probably 30 or 40 percent are methamphetamine cases.

Mr. SOUDER. The first time I heard that statistic was at a closed briefing in Washington just a few weeks ago. And that fits what we heard from national DEA. But what I'm trying to get a handle on here is that if 30 to 40 percent of the meth use—the OCDETF cases are meth, then where are we getting this 8 percent figure in usage.

In other words, there's some kind of disconnect here that I'm trying to sort through. Because we're constantly being told by ONDCP and others that meth is 8 percent. And nowhere, including the previous hearings and now you today in a formal hearing, you're saying that this zone has been hit a little harder, but if 30 to 40 percent of your cases, you know, you've got this 25 to 50 range, that's a significant percentage of the organized crime cases.

This isn't mom and pop where they're cooking for three people, because you wouldn't deal with somebody who's cooking for three people in an OCDETF case. These would be a higher level case.

Mr. BENSON. Right.

Mr. SOUDER. One other thing we've been having trouble getting data on is where we come up with the 70 percent or 30 percent figure or two-thirds, one-third. Is that partly where this is coming from, that your OCDETF cases are suggesting that they're so large?

Let me ask you another question before you answer that one. How many of the cases are kind of major distribution ephedrine and pseudophedrine, how many of those, roughly, you can break it out in more detail, I'm just trying to get at is it half, is it a quarter, is it 10 percent, how many of them are going to superlabs and how many of these are this medium type lab that you did in Salem, you know, where you have—it's not a mom and pop cooking for three people? There it was cooking for a large number of people, maybe eight houses strung together, something like that.

Mr. WALDEN. And before you do all that, can you, for the audience, define OCDETF? We're using the acronym.

Mr. BENSON. Sure. That's the Organized Crime Drug Enforcement Task Force Program that's managed by the Department of Justice.

Mr. SOUDER. Thank you.

Mr. BENSON. Mr. Chairman, that laboratory south of Salem had 80-pound production capability. So it was—I believe it's the largest lab we've ever seized in this State.

Percentage-wise, most of our OCDETF cases targeting methamphetamine trafficking organizations are, again, targeting the major distributors. They're moving multiple pounds of crystallized methamphetamine. And we trace it, as Mr. Rodriguez mentioned that one case that was tied to Spokane to Tri-Cities to Los Angeles to Phoenix all the way down into Mexico.

And our goal on every case is to take out that biggest piece of the organization as possible. But most of our cases, to answer your question, are focusing on those larger methamphetamine traffick-

ers. We do have some that are looking at those responsible for chemical supply, but the number is lower. But I could get the exact.

Mr. KARL. I think a key component here is also that these are polyrung organizations and so likely many of them—and my knowledge of Oregon's OCDETF cases involve polydrugs. So organizations taking the B.C. bud from Canada to San Diego and picking up the cocaine and bringing it back and distributing it every place along the way, as well as bringing in marijuana with methamphetamine with pseudoephedrine together so that it—they're diversified clearly. And so those organizations are the bigger organizations that are doing that in large quantities.

Mr. SOUDER. Two more questions, and then we may ask some followup, see if Congressman Walden has any more. One of the tricks in this lab reporting is how much of this—it's been a constant question in law enforcement and drug enforcement in general. And that is that if you're successful in arresting people, it looks like drug abuse went up.

And then people say we've been spending all this money and the problem went up, but it may just be that law enforcement got aggressive. And then on the other hand, if you cut back that law enforcement, then it looks like you're making progress when, in fact, it just means you're not arresting.

One of the questions here is—and the interesting thing about the Washington State decline is that if there wasn't any—Oregon becomes more complicated because you threw a variable in, that there were fewer people to do the arresting, therefore the decline might not have been a decline.

Is that true in Washington, or do you believe there have been changes in the numbers? Or do you believe that, in fact, to some degree, as we increase awareness, we get a bump up in labs, and then how can we, as policymakers, look at an area? It's almost like when the area becomes aware, the number of labs go up. And then we see the turn a couple years later. It's very hard for us to figure out when you're trying—unlike other drugs, you can chart this across the country.

And you can see it around national forest areas in Arkansas and Missouri and other areas, and then it's in the rural areas, and then it goes into some suburban and eventually it hits Omaha, Minneapolis, Portland.

The chart you have there for Washington State, it's like this is happening in every State in the county. Now, it's in Titusville, PA; Western North Carolina; hopping into some of upstate New York. Just marching east. Same pattern. It doesn't just go into the city. It goes out.

And mom and pop superlabs move in, and it's like how many years of watching this do we have to see the pattern here? But part of this is trying to figure out early warning signs in areas that haven't been hit yet, is how do we account for the numbers, and the awareness leads to more arrests, more people understanding the smell next to them, watching the impact of peopling coming into the pharmacies, teachers reporting kids, exposure.

Mr. RODRIGUEZ. I think it is a paradox. Clearly, there is going to be a short-term bump up as you increase community awareness

through different means, whether it's prevention, whether it's education, or whether it's just law enforcement. So we've seen a bump up.

However, going back to my example with Pierce County, which again leads Washington State in the number of labs, we probably have most of our resources in that county. We probably have the most aggressive type of campaign in that county, and yet we've been able to drive those numbers down a little bit, but not much.

And talking to the task force managers is that they have a very aggressive street program with the community, with the various partners to make sure that this meth awareness issue is rampant throughout the community. And they say that's what's keeping their numbers up, because they keep getting more and more information from the community regarding meth labs and meth dump sites, etc.

So would we have the same reaction in other counties if they were as aggressive? We don't know. We do feel, though, as far as the national numbers just like you mentioned, they are being underreported. Because if we look at the numbers from the Department of Ecology, those numbers are considerably higher than the EPIC numbers would be.

That's because they count everything, whereas EPIC numbers you only count those where you have law enforcement present. But that's due to the reporting.

Mr. SOUDER. My last question is, one of the unique challenges we have with this, just let me briefly say, for example, the EPA, who isn't here today, one of the things that they aren't used to dealing with is the size of the small lab type things. They're used to dealing with hazardous waste sites.

But particularly if you look at where many mom and pop labs are, they're in rural areas, often around watersheds. And it's a little like when you go down to Columbia, you fly over, there were lots of different labs flowing into the Amazon Basin, and it accumulates on the Amazon, even if no single lab was there.

But that's not the way we're used to looking at EPA questions. Similar in how DEA, historically, HIDTAs have been set up. They were looking at the major drug traffickers; take down the majors, and local law enforcement would get the smaller mom and pop. Now we have an epidemic that's in the rural areas where we historically have not structured our Federal response to deal with that.

We also have local communities that don't have big drug task forces. Their treatment programs aren't as big. The prevention programs, they may have gotten $2,500 at the schools, not $15,000 at the school. May have gotten $6,000. They can afford part of the payment for one speaker to come in or a few pencils. It's a different challenge for us.

What do you think we could do at the Federal level that takes into account the leg of this? I personally believe we're going to be able to tackle the crystal meth much like we tackle other types of national things. It means we'll be fairly ineffective, but we'll work at it hard and get some of the big guys.

But we really don't have a Federal clearcut strategy of how to deal with these scattered multiple addicts who maybe go into the

county jail for a brief period and then they come right back out and startup again.

Do you have any suggestions of what we can do in the HIDTA program? Should there be a subpart of the HIDTA program that we designate to underfunded rural areas? How do we do this? Because clearly the cost is disproportionate to the population. The cost is disproportionate to the number of users.

We're dealing with a low number of addicts, low number of users, but it's a huge impact on areas that don't have resources, much like some urban centers where they don't have as many cash resources.

Mr. RODRIGUEZ. My suggestion would be to, first of all, gather good documentation, good data on the rural areas. And then possibly devise a national program through the HIDTA program, possibly using a certain amount of funding to do that, to address that issue. But, again, I think we have to know what we're looking at before we can decide what we want to do on it.

Mr. SOUDER. Why do you think that isn't being done?

Mr. RODRIGUEZ. Well, I think it is being done in a sporadic manner. I don't think it's being done by all reporting entities in a systemic or uniform manner. And there might be something that——

Mr. SOUDER. Have you ever heard of anybody, without endangering yourselves, have you ever had anybody from Washington ask you that question, from ONDCP or anybody? Does there appear to be any kind of national awareness of it?

Mr. RODRIGUEZ. Not from ONDCP.

Mr. SOUDER. Anybody else?

Mr. RODRIGUEZ. Well, we get, just like you, we get the concerns from the rural community. And, again, they're saying they're being stretched, they have limited resources, and they are petitioning the State to be more proactive.

And we're fortunate in that we have a State agency, the Washington State Patrol, that is able to re-allocate resources within the State to meet this. They have, matter of fact, we have them as a HIDTA initiative. It's called Washington State Proactive Meth Team. And that's all they do is work on meth-related issues, whether it's clan lab or whether it's trafficking issues.

And they'll go as a fly away team to any part of the State that they need to be at. That's currently in place right now. And they do address in a certain manner rural areas with that problem.

Mr. SOUDER. If members—and you have this kind of now in your HIDTAs. If rural areas came to you and said, we would like to get the information on what other rural communities are doing across the country to try to address this, like the Kentucky Cleanup Program, like the Montana Prevention Program, like this program here in Oregon, like the Partnership for a Drug-Free America, is there a clearinghouse?

Has anybody suggested there's a clearinghouse? Where would you send people to get any national info?

Mr. KARL. I don't have an answer to that. I know that this is a serious issue. Because as I stated a moment ago, clearly the cartels are taking advantage of rural America and are taking advantage of rural Eastern Oregon. And we know that. I know that sitting in

Salem. We know that in downtown Portland, where a lot of resources are to investigate those.

Now, with the National Marijuana Initiative, Oregon received $250,000 to assist in investigating these organizations operating in rural Oregon. And so we have begun a process of providing resources to those who are stakeholders in that investigation.

And we have linked with, through the HIDTA model, Federal, State, and local together onto that task. That deals with the upper echelon, the organizational level.

But to respond to your question about the small folks, I don't know how the locals—and that's the rub, is how do the locals do both? How do they help participate with the big investigations, still take care of the neighborhood issues, livability issues that they have with mom and pop labs, from the crimes related to drug addiction, and so forth? That's a difficult one.

It's a resource issue, and resources are short. So the beauty of the HIDTA structure is that it leverages Federal, State, and local. For example, in some recent cases, we brought together most of the Federal agencies and local agencies to do some major cases in Eastern Oregon. Hundreds of officers.

And that will take care of some things, but it won't take care of the day to day. Those are the once or twice a year big cases that come along. So at the lower level, they need more resources. They clearly need more resources.

Mr. SOUDER. The DEA has done, I presume, lots of drug lab training in this zone, as well as they have around the country. That's one program. But what I find in Indiana is the training of how to clean it up isn't the big problem. It's having the labs in which to clean it up and the resources to do that, which is why DEA has been raising a fuss about the Kentucky model and trying to find a better way to do this.

I have not understood in the CTAC program—is the CTAC program run separate at a regional level from the HIDTAs? Do you have any input into that? Or is that just one of the separate divisions of the ONDCP?

Mr. KARL. The technology program.

Mr. SOUDER. Yeah, where local law enforcement can——

Mr. KARL [continuing]. Access technology? Yeah. Eastern Oregon has taken advantage of that program.

Mr. SOUDER. Do you determine what products are that they're eligible for, or is that done out of Washington?

Mr. KARL. No. I can help them access the program. Some have accessed the program independently of the HIDTA program, and the HIDTA program has also referred agencies. Because I can't apply for the agency. The agency has to apply. And some have gotten very technical equipment.

Mr. SOUDER. What I've seen in my district is that a lot of times this is basically everything from listening to goggles to all this type of thing to better work at organizational.

But I haven't heard of anything, partly because they're a bigger costly item, but have you ever looked at or is anybody looking at possibly making the mobile cleanup labs and things part of the technology that a region could apply for if several counties went together so it wouldn't be so far away?

Because I know in Indiana, often they're sitting there for 6 hours. And these vehicles cost $250,000. But isn't that one way we could kind of look at how to help local law enforcement, and have you heard in CTAC, particularly, looking at things that could be helping local law enforcement in meth mom and pop lab cases, as opposed to the traditional way we've provided equipment?

Mr. KARL. I had a call this last week on the very issue from another legislator, and it was, what do you think of the idea of pooling chemicals in a particular place and then have them picked up, you know, when the supply gets large?

There are a lot of issues involved. And it implies that the police officers doing the investigation will actually collect those chemicals, haul them to this site, and that's not going to happen. I don't know many law enforcement chiefs and sheriffs that want their officers, who aren't trained, to do that pickup.

So it falls then back to the fire department. OK. Is the fire department going to pick that up? They're trained in HAZMAT and how to deal with them and put them into a pool resource. That's the way we did it in the old days, and we found we were in danger of exploding the place because we were mixing chemicals.

So we then went to a different hazmat response. So a mobile lab or mobile cleanup lab is still going to be faced with those issues.

Mr. SOUDER. That's what they're supposed to be training them to do.

Mr. KARL. No, but you're still going to have costs related to the cleanup. And I think you're trying to cut those costs by designing some mechanism to cut those costs. And so I'm not sure—I'm more than willing to explore any ways, and I'm sure the sheriffs and chiefs, they don't want their people tied up on cleanups. They want them doing the investigations.

But I'm not sure that there's an easy way to cut those costs because of the hazards involved in dealing with the chemicals. And there very well may be. And I think you need to explore those solutions. And there's been a tremendous amount of training in Oregon by DEA and through the HIDTA program as well, separately from DEA, on certification of officers for entry and cleanup.

But still, bottom line, we have to call a contractor who's going to take possession of those after we've done the initial evidence gathering and cleanup, and that contractor costs money. And we used to take it down to the police property room in the old days, and we had all these chemicals laying around, and pretty soon somebody said, hey—the fire department comes in and says, you're condemned.

And so there's got to be some way to cut our costs because, I agree, they are very high, too high. I'm not sure how to get there. There are many issues—and that's my point—there are many issues involved in that solution.

Mr. WALDEN. I just have a couple of brief questions. I want to followup on this issue of the contractor. Right now, where does the contractor come from to do clean up, let's say, in this county or Union County?

Mr. BENSON. Congressman Walden, in my region there are several contract companies that we have contracts with. There is a

company based out here in this region that has responded and asked—we have actually six in Oregon, six companies.

Mr. WALDEN. And so there is one out—when you say "out here," is that here in Pendleton.

Mr. BENSON. I believe it's here in Pendleton.

Mr. WALDEN. OK. So no longer does the—I'm getting the shaking of the head from the sheriff, but—can you name that contractor? Maybe that would—name that contractor?

Mr. BENSON. I can get the name of the company.

Mr. WALDEN. Well, Sheriff, you're going to be up next. This has been—and I'm sure you're acutely aware of it, an issue that gets raised with me is the lag time between—my understanding is there is a Statewide contract, and people had to come from the Portland area out to cleanup.

Mr. BENSON. It's on rotational basis. So they end up rotating the companies. So there might be one in Pendleton, and that company, that would be their turn, so they would respond.

Mr. WALDEN. So like every 6th lab or 10th lab.

Mr. BENSON. That's something we're trying to work out with our contracting folks. The best way would be for the lab seized in Pendleton, that the company——

Mr. WALDEN. Maybe we could do that fighting fires, and every sixth fire in Portland, we could send in the fire engine from Pendleton. Do you think that would be very effective?

I don't mean to make fun of it, but, you know, when you represent a district like this, you've got to jump up and down a little harder because of the distances. And that's why I'm jumping up and down on the lack of a DEA agent, other than the Tri-Cities, but my understanding is they don't get across the river very often.

And everything is up and down the I–5 corridor. And I understand that's where 80 percent of the population is, but in this case, I think a lot of the meth problems are out here and a lot of the delay means costs for agencies that are understaffed and underbudgeted.

Mr. BENSON. I agree there's a significant methamphetamine problem here. And we will continue to, through Tri-Cities, Portland, and then I, again, strongly offer that, the assistance of our mobile enforcement to go into the region, to help address the problem.

Mr. WALDEN. All right. Appreciate that. Just one final question for each of you. What's the one thing that Congressman Souder and I could do to change Federal law, Federal action, Federal something, that would be the most helpful in this fight? What can we do? What would be the most effective thing we could do?

You can always say more money, and we'll just give that as a given. But what is the most effective way—what most needs to be done by the Federal Government to help you do what you all do so well?

Mr. BENSON. Congressman Walden, I think this hearing is raising the issue of what's happening, the threat that methamphetamine poses to this country, is a very positive——

Mr. WALDEN. So public awareness. But statutorily there's nothing you want to lay on the table.

Mr. BENSON. The criminal penalties in the Federal system are, I believe, fairly significant.

Mr. WALDEN. OK. Mr. Karl.

Mr. KARL. Well, my sense is that you're aware of the extreme epidemic that Hawaii has gone through in prior years. That's hit the West Coast in the last 2 to 3 years, and it's just starting.

And as you travel around and take testimony and get a sense of the methamphetamine problem on the East Coast, it's not there yet. A thousand kids in Lane County in foster homes is a good indicator. Track those kids, and you will track the spread of meth.

Its addictive power is extreme and its physical damage to people is extreme, which creates those wards of the community that I referred to. And that will destroy our infrastructure as it moves along. And I'm not sure, Chairman Souder, that we can show the destructive nature satisfactorily by showing the pictures to kids of what happens.

Because if they try it, it is extremely pleasurable to start with, and that addiction is what scares me the most. It is so much more powerful than even crack. And I saw crack hit Portland in the 1980's, and we thought that was so addictive. This makes that look like kids' play.

This is really a damaging thing. And I talked to a treatment provider this last week who said that one of the dilemmas that they have is that under the State law regarding removing children from homes, or Federal law, I believe, Federal act, Child Protective Act, that if you remove some child from a home and it's more than 15 months to 22 months, I'm not exactly certain because I didn't have a chance to read it, then they become a ward of the State.

And what they—automatically, I guess, if you fail to get them returned because the parent, the mother or something is in treatment, they're not able to make those time lines. They are not able to get some of these meth moms, these families, to a point where they can take their kids back.

So I was talking to somebody earlier, are we looking at the old orphanage system? I mean 1,000 kids in one county. Are we talking now about creating an orphanage for just meth-affected children? I don't want to see that happening. But I'm telling you, look at what happened in Hawaii, look at what's happening along the West Coast.

And it's heading east. And it's not going to stop because these people are giving it away in Chicago to create an addiction base.

Mr. WALDEN. Mr. Rodriguez, is there anything we can do to help.

Mr. RODRIGUEZ. Yeah, I have two things. No. 1, we need to have a stronger engagement with both Mexico and Canada on precursor control. And No. 2, I think we need to do much better in our education system at the grammar school level on our prevention message on drugs. I know teachers say they're overburdened with curriculum as it is, but I think this is so important that we need to keep stressing it at that level.

Those are the two things that would make a big difference.

Mr. WALDEN. Thank you. Mr. Karl, just to followup on your comment about the children in Lane County, I participated in a court-appointed special advocate fundraiser in the Dalles a couple weeks ago on a Friday night. And they told me there they had 110 chil-

dren who lacked a CASA volunteer to help them. And the administrator there told me that virtually every one of those was related to some sort of meth problem.

And that wasn't the total number of kids that have CASA volunteers, but that was the number that didn't have one. And I think what you've said is really an eye opener, that it's bad and it's getting worse. And so I appreciate your testimony.

Mr. KARL. Drug courts are very effective, enhanced treatment clearly, and any educational component. We've got to do all of it. But I'm telling you, this is a very dangerous drug.

Mr. WALDEN. I want to thank all of you for participating in the hearing. We really appreciate not only your testimony, but for this Member of Congress, the work that you're doing in the field. It is tremendously important and very much appreciated.

Mr. SOUDER. And I want to share that, too. The agents working in the HIDTAs, which the good news about all the pressure that happened during the HIDTA debate is now Members of Congress know what HIDTAs do and more people understand what HIDTAs do than ever before. Because it leveraged dollars, and people didn't understand it was leveraged dollars.

Last week we had our annual U.S.-Canada parliamentary group, and I co-chair the border subgroup. And it's real interesting, because methamphetamine has hit western Canada. And there are legislators in particular, as well as B.C. buzz dominating the non-Vancouver-city-legislators' minds, they've had problems with corruption in their system in Vancouver because of marijuana now being their biggest export product.

But now they're seeing methamphetamine kind of even compete with that hydroponic marijuana and even over in Toronto, eastern Canada. So the good thing about working with Canada is you don't have to worry about the law enforcement shooting at you like DEAs have a problem sometimes at the south border.

And Vincente Fox has improved things on the south border, but let's just say the south border and north border are different law enforcement challenges with the IMET teams and different things that you have.

And Canada understands, and we had pretty strong language on trying to tighten the reporting, trying to deal with this. They're obviously making a lot of money right now in Canadian pharmacies, and we're trying to make sure those pharmacies stay legitimate, don't become drug laundering vis-a-vis Mexico. They had not realized the penetration of Mexican pharmaceutical companies coming in and claiming to be Canadian. So we're working on that border.

The south border, I was just shocked to hear you say we have to control it. I'm kidding. For the record, that was a joke.

In addition to the methamphetamine legislation that we're working on over the next few weeks, we are trying to develop a border control strategy by the end of the year, which will not control the border, but which will make some steps. There are some scattered attempts.

The public policy committee has been tasked by the speaker, and we've been having unity dinners to try to figure out a solution to a realistic immigration work force strategy with a border strategy.

You cannot control the border when you're, in effect, bringing in a million workers.

And we have to somehow separate the illegals, illegal criminals, from people who are violating immigration law, and work that thing out, or it will not work. And yet that's what we've learned is our unity dinners have broken up, in not much unity right now.

But we will have some efforts which should help in some of these. And then if our bill can get better reporting on the international—part of the question is how much of this is going to be DEA, FDA? Who's going to enforce what parts of this law? How do we do international tracking with the State Department?

But, clearly, the southwest border remains a thorny problem. Even if we could start to address the local labs, then we move into a whole other arena where we've already established we basically have no control. So we're working at it. And it will be a tough process.

And I hope we can effect demand reduction as well as supply reduction. Because if we can't effect demand reduction, it's just very hard. What I hope is that by putting the pressure on the supply side, you're working with fewer numbers of people on the demand side. If we give up on the demand side, we'll never stop this in treatment. So we have to somehow keep all prongs of this going.

Thank you again for your testimony. We're going to take, at maximum, a 3-minute break, but if the next panel could come forward so we're all ready to go.

[Recess.]

Mr. SOUDER. The subcommittee will come back to order. I'd now like to yield to Congressman Walden.

Mr. WALDEN. Thank you very much, Mr. Chairman. I wanted to introduce a couple of other folks who have joined us or who've been in the audience and I missed them early on. First of all, representing U.S. Senator Ron Wyden, Kathleen Gaffey is here. Kathleen, do you want to stand up in the back, please? Thank you for joining us today.

We also have State Senator Jason Atkinson, who is also a Republican candidate for Governor. And Alice Nelson, wife of Senator Dave Nelson, is here as well. So we appreciate all of you being here. Thank you for your participation.

Do you want me to introduce the panel?

Mr. SOUDER. Yeah. If you want to name the panel and who each person is, and I'll have you each stand and we'll swear you in.

Mr. WALDEN. First of all, Karen Ashbeck, who is the mother and grandmother of recovering methamphetamine addicts and a lady I spoke to last time I was here in Umatilla County and offered to tell her story, and we're glad you came to do that.

Sheriff John Trumbo, Umatilla County Sheriff's Office. Probably nobody has been more effective in influencing me on this issue than Sheriff Trumbo. Sheriffs have a way of having—well, anyway.

Also, Sheriff Tim Evinger, Klamath County Sheriff's Office. And, Mr. Chairman, I meant to tell you this before, but he's fighting a time line. He flew himself up here, and he's fighting weather and lightening to get back. So if there's any way he can go first and be excused——

Mr. SOUDER. We could do that.

Mr. WALDEN. He's got across the State to go.

Mr. SOUDER. Is that where all the water stuff is.

Mr. WALDEN. That's where we—yeah.

Mr. SOUDER. I sat next to Congressman Walden on the Resources Committee, and I used to hear about the water all the time.

Mr. WALDEN. Yeah, or lack of water.

Mr. SOUDER. We don't have that problem in Indiana, so it's new to me.

Mr. WALDEN. Rick Jones, Choices Counseling Center. Good to see you.

Kaleen Deatherage, director of public policy, Oregon Partnership, and member of the Governor's Meth Task Force.

Tammy Baney, Chair of Deschutes County Commission on Children and Families.

And Shawn Miller, who represents the Oregon Grocery Association.

Mr. Chairman, that's your second panel.

Mr. SOUDER. He did that so I didn't have to say Umatilla (mispronounced) instead of Umatilla. Please stand and raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that all the witnesses responded in the affirmative. And we're going to start with Sheriff Evinger.

STATEMENTS OF TIM EVINGER, SHERIFF, KLAMATH COUNTY; KAREN ASHBECK, MOTHER AND GRANDMOTHER; JOHN TRUMBO, SHERIFF, UMATILLA COUNTY; RICK JONES, CHOICES COUNSELING CENTER; KATHLEEN DEATHERAGE, DIRECTOR OF PUBLIC POLICY, OREGON PARTNERSHIP, GOVERNOR'S METH TASK FORCE; TAMMY BANEY, CHAIR, DESCHUTES COUNTY COMMISSION ON CHILDREN AND FAMILIES; AND SHAWN MILLER, OREGON GROCERY ASSOCIATION

STATEMENT OF TIM EVINGER

Mr. EVINGER. Thank you, Chairman Souder. Thank you, Congressman. My name is Tim Evinger. I am the sheriff of Klamath County, OR. I've been in law enforcement for the past 17 years. I've personally witnessed the increased use of methamphetamine in Klamath County during that time, and I've been fortunate enough to be involved in model programs that have worked well.

Oregon has certainly led the way in the battle against methamphetamine. With the help of the Federal Government, I believe that we can actually win this battle, although we'd have to stay on the main target.

Leaders in Oregon have the misfortune of being on the forefront of the Nation's methamphetamine epidemic. We now have many years of failures and successes in an attempt to address this problem. Methamphetamine is rapidly eroding our society's values and is threatening future generations as the cycle of addiction continues. The methamphetamine epidemic has spread across our Nation and must be addressed as a nationwide problem.

Unlike other drugs that are produced by growing marijuana, poppy, or coca, methamphetamine is a completely synthetic drug. And as a result, we have the power to curtail the supply of ephedrine, the primary ingredient used to manufacture methamphetamine.

Significant results could be gained by the Federal Government enacting legislation, which we've already talked about earlier today, to deal with the ephedrine production. Many suggest our government should address the commercial manufacture and sale of ephedrine, at least as aggressively as it has with the cultivation of poppy in the Mid-East and the growing of coca in South America.

Our government should impose sanctions to countries who refuse to submit to a standardized reporting and production procedure.

The Federal Government should more strictly control the sale of products using ephedrine as an ingredient. Oregon's model has worked quite well, as we have seen a marked decline in methamphetamine labs since over-the-counter cold medicines containing ephedrine have been restricted. There are now substitutes available also for cold medicines that do not contain ephedrine.

Perhaps medicines containing ephedrine should be listed in the Controlled Substance Act. Drug manufacturers might be given incentives to produce cold medicines with other ingredients.

Again, while I come from a law enforcement background, it has become obvious that, while law enforcement is a critical component, we cannot adequately address the methamphetamine epidemic, as it is a social problem as well. Western States have now had several years to analyze the consequence of this drug. We have learned valuable lessons.

Oregon has the single highest methamphetamine addiction documented in the Nation. More than half of Oregon's foster children placement involves methamphetamine abuse in the home. Oregon has seen a 17 percent—and we can't forget these victims of collateral damage—17 percent increase in reports of child abuse and neglect in 2001 to 2003.

Clearly, a loving family is the best place for our kids, but when it's clear that the kids are being put in a dangerous situation because of their parents' meth habit, they need protection. Research shows that almost 4 out of 10 of the children who are re-abused or neglected, rather than being put in safe foster homes, will become violent criminals.

It's important we have an appropriate place to put these kids. And when no safe foster home is available, how does the risk of further abuse and neglect, how high does that risk have to be before I or DHS has to remove a child from a home? Innocent lives hang in the balance.

Methamphetamine use has spread disproportionately to suburban and rural areas, and its use is on the rise across the Nation. This phenomenon has placed a particular burden on rural law enforcement agencies that cannot afford to address the issue. In Klamath County alone, drug enforcement officers also face another danger. They seized 140 firearms in the last calendar year.

Oregon's medical examiner reported 78 methamphetamine- related deaths in 2003, a 20 percent increase from the year prior and a 56 percent increase from 2001. This is truly an epidemic.

Methamphetamine is an inexpensive drug that is readily accessible and its effects last as much as 10 times longer than other drugs. In Klamath County last year, meth-related arrests outnumbered other drug arrests five to one. According to the most recent national data, 607,000 people are current users of methamphetamine, having used the drug within the last 30 days.

Over the past year, 1.3 million people have admitted to methamphetamine use. Nearly one-half of those supervised in Klamath County by a probation officer are on supervision for meth-related crimes.

Organizations must tear down the walls and work together in order to succeed in this endeavor. The problem has spread so rapidly from the Western United States across the Nation that, in my opinion, it has become a national problem.

To summarize what the Federal Government can do to help, the stable funding to the State for foster care is critical. The Federal Government certainly should not institute the proposed funding cap to States for foster care, in the President's budget.

States regularly see double digit increases in foster care needs, mostly due to methamphetamine abuse, and they cannot fund these increases without help from the Federal Government. Without sufficient funding, our children and future generations will suffer the effects of this drug.

Local law enforcement across the West have suffered funding reductions to the point that we can barely respond to some of the basic calls for service from our citizens that we are supposed to protect. Dedicated funding, without long-term obligation from the hiring authority or excessive bureaucratic red tape, for drug enforcement is a key component to the problem.

This is an especially troubling component because methamphetamine addiction has spread through areas that can least afford to address the problem.

In closing, I'd like to talk about the model that we have taken on in Klamath County on a local task force level. We have taken a multi-disciplinary approach, and Klamath County District Attorney put together a local methamphetamine task force of which there were six components: Law enforcement, health, business, treatment, youth, and faith- based.

Law enforcement—we need the help of the Federal Government to fight the battle. COPS grants, fund grants have been waning, and as we look at our local funding streams, we can barely keep our jails open.

State government can make an impact. Narcotics detectives already report an increase in labs that are being dumped or abandoned. This is likely due to the cooks not being able to easily obtain cold medicine for processing, and they don't want to be caught with the lab equipment if they're not using it.

Now the Federal Government needs to do its part on eliminating access to precursors entering the country, as well as tightening our borders against the entry of finished products.

In health, from the first draft of the report I've seen from the Methamphetamine Task Force in Klamath County, health comes to the table suggesting that we take up an aggressive education campaign; educating communities, especially children and parents, of the dangers and the signs of meth use.

In the business community—and Jeldwin, that helped produce the video that Congressman Walden talked about earlier—sat at a table on the Methamphetamine Task Force and became involved, not only in the video, but also talking about drug testing should be more prevalent in our business community. It should be more cost-effective.

One suggestion that came from the business community is that businesses are offered a tax credit for drug testing versus writing it off as an expense. Drug testing both private and in the public sector needs a thorough legal analysis and then simple guidelines provided to employers.

In the treatment community, we are fortunate in Klamath County that treatment, in my opinion, is a valuable partner to law enforcement. Again, through a consortium approach, recidivism is significantly reduced. Leveraging Federal dollars for treatment is imperative, and those funds must be coordinated to fund the right treatment and not to pit providers against one another.

Back to our youth. The schools must continue to partner with law enforcement working on character education, having school resource officers, and making locker and property searches expected and commonplace in our schools. That is effective prevention. It is necessary for us to have early intervention and share information between disciplines to make good risk assessments regarding our youth.

And faith-based. Our churches and religious organizations have to be leading their members to be included in these very social programs. Mentoring programs are one way for the faith-based community to be involved. Thank you.

[The prepared statement of Mr. Evinger follows:]

TESTIMONY OF KLAMATH COUNTY SHERIFF TIMOTHY M. EVINGER TO THE CONGRESS OF THE UNITED STATES, HOUSE OF REPRESENTATIVES, COMMITTEE ON GOVERNMENT REFORM

PENDLETON, OREGON

OCTOBER 14, 2005

My name is Tim Evinger. I am the Sheriff of Klamath County, Oregon and I have been a law enforcement officer for the past 17 years. I have personally witnessed the increased use of methamphetamine in Klamath County during that time and I have been fortune to be involved in model programs that have worked well. Oregon has certainly led the way in the battle against methamphetamine. With the help of the federal government, I believe that we can actually win this battle.

Leaders in Oregon have the misfortune of being at the forefront of the nation's methamphetamine epidemic. We now have many years of failures and successes in our attempt to address this problem.

Methamphetamine is rapidly eroding our society's values and is threatening future generations as the cycle of addiction continues. The methamphetamine epidemic has spread across our nation and must be addressed as a nation wide problem.

Unlike other drugs that are produced by growing marijuana, poppy or coca, methamphetamine is a completely synthetic drug and as a result, we have the power to curtail the supply of ephedrine, the primary ingredient used to manufacture methamphetamine. We can curtail methamphetamine manufacture with federal legislation.

Significant results could be gained by the federal government enacting legislation to deal with ephedrine production:

- Ephedrine is produced primarily by only four countries in the world; China, India, Germany and the Czech Republic.

- Many suggest that our government should address the commercial manufacture and sale of ephedrine at least as aggressively as it has with the cultivation of poppy in the Mid-East and the growing of coca in South America. Our government should impose sanctions to countries that refuse to submit to a standardized reporting and production procedures.

- The federal government should more strictly control the sale of products using ephedrine as an ingredient. Oregon's model has worked quite well as we have seen a marked decline in methamphetamine labs since over-the-counter cold medicines containing ephedrine have been restricted. There are now substitutes available for cold medicines that do not contain ephedrine.

- Perhaps medicines containing ephedrine should be listed in the controlled substance act. Drug manufactures might be given incentives to produce cold medicines with ingredients other than ephedrine.

While I come from a law enforcement background, it has become obvious that (while it is a critical component) law enforcement alone cannot adequately address the methamphetamine epidemic.

Western States have now had several years to analyze the consequence of this drug and we have learned valuable lessons through trial and error. Costs in dollars as well as to our social fiber are staggering.

- Oregon has the single highest methamphetamine addiction documented in the nation.

- More than half of Oregon's foster child placement involves methamphetamine abuse in the home.

- Oregon has seen a 17% increase in reports of child abuse or neglect from 2001 to 2003. Clearly, a loving family is the best place for kids, but when it's clear that kids are being put in dangerous situations because of their parents' meth habit, they need protection." research shows that almost four out of 10 of the children who are re-abused or neglected rather than put in safe foster homes will become violent criminals. When no safe foster home is available, how high does the risk of further abuse and neglect have to be before I remove a child from a home? Innocent lives hang in the balance

- Methamphetamine use has spread disproportionately to suburban and rural areas and its use is on the rise across the nation. This phenomenon has placed particular burden on rural law enforcement agencies that cannot afford to address the issue. In Klamath County alone, drug enforcement officers also face another danger. They seized 140 firearms in the last calendar year.

- Oregon's medical examiner recorded 78 methamphetamine related deaths in 2003, a 20% increase from the year prior and a 56% increase from 2001. This is an epidemic.

- Methamphetamine is an inexpensive drug that is readily accessible and its effects last as much as 10 times longer than other drugs. In Klamath County last year, Meth related arrests out numbered other drug arrests 5:1

- According to the most recent national data, 607,000 people are current users of methamphetamine (having used the drug within the last 30 days). Over the past one year, 1.3 million people admitted to methamphetamine use.

- 58% of county law enforcement agencies report that methamphetamine is their largest drug problem.

Nearly 1/2 of those supervised by a probation officer in Klamath County are on supervision for a Meth related crime.

- Organizations must tear down walls and work together in order to succeed in this endeavor.

- The problem has spread so rapidly from the Western U.S., across the nation that it in my opinion, it has become a national problem of epidemic proportion and we need the help of the federal government to combat this war.

WHAT CAN THE FEDERAL GOVERNMENT DO TO HELP?

- Stable funding to the state for foster care is critical. The federal government certainly should not institute the proposed funding cap to states for foster care in the President's budget. States regularly see double digit increases in foster care needs (mostly due to methamphetamine abuse) and they cannot fund these increases without help from the federal government. Without sufficient funding, our children and future generations will suffer the effects of this drug.

- Local law enforcement across the West has suffered funding reductions to the point they can no longer respond to the basic calls from the citizens it is suppose to protect. Dedicated funding (without long-term obligation from the hiring authority or excessive bureaucratic red tape) for drug enforcement is a key component to this problem. This is an especially troubling component because methamphetamine addiction has spread through areas who can least afford to address the problem.

- HIDTA funds are only available to local drug teams that have a federal representative assigned to the team. As a result, teams are severely limited when working large-scale suppliers because of lack of funding needed to investigate the upper level suppliers to our communities. HIDTA funds should be shared with multi-agency teams who do not have DEA or other federal agents assigned to their teams. Teams who receive HIDTA funds actually use Klamath County's drug statistics to enhance their funding without sharing any funding with our county. Additionally, we have been significantly handicapped by changes in Oregon's seizure laws in which our drug enforcement officer's operations are no longer largely funded by taking drug dealer's property away.

- Congress should actively pursue the control of ephedrine manufacture from other countries. They should explore sanctions to countries that refuse to comply with the set requirements.

WHAT CAN WE DO AT THE LOCAL LEVEL:

- We must realize that no single discipline can adequately address this problem.

- One model that has been successful in Oregon is a coordinated effort between law enforcement (actively pursuing not just large- scale dealers, but users as well); parole and probation offices sanctioning offenders who refuse to complete treatment; and successful integrated treatment programs such as the model used in Klamath County (where offenders who have completed the integrated program have less than 15% recidivism rate).

- Organizations must tear down bridges and work together. Leaders must be open minded and willing to listen to experts from disciplines other than their own in order to develop community based solutions based on local and national situations.

- Jurisdictions that have established community wide task forces have enjoyed success that other communities have not. These teams boost relationships and erode territorial squabbles.

Klamath County has taken a multi-disciplinary approach to the task force model. Through intense examination of the problem the group is preparing a report. I have seen the 1st draft of the task force's work and upon publication, there are several excellent recommendations that will need further exploration by law-makers. In summary, the six pronged approach is as follows:

- Law Enforcement: We need federal help to fight the battle. COPS grants have been waning and as we look at our local funding streams, we can barely keep our jails open and officers/deputies responding to calls. State government can make an impact. Narcotics detectives already report an increase in labs being dumped or abandoned. This Likely due to "cooks" not being to easily obtain cold medicine for processing and they don't want to be caught with their lab equipment if they are not using it. Now, the Federal government needs to do it's part on eliminating access to precursors entering the country as well as tightening our borders against the entry of finished product.

- Health: It is suggested that health department take up an aggressive education campaign. Educating communities, especially children and parents, of the dangers and signs of meth use.

- Business: Drug testing should be more prevalent in our business community. It should be cost effective. One suggestion is that businesses are offered a tax credit for drug testing vs.. writing it off as

an expense. Drug testing in both the private and public sector need a thorough legal analysis and then simple guidelines provided to employers.

- Treatment: We are fortunate in Klamath County that treatment, in my opinion, is a valuable partner to law enforcement. Again through a consortium approach, recidivism is significantly reduced. Leveraging federal dollars for treatment is imperative and those funds must be coordinated to fund the right treatment and to not pit providers against one another.

- Youth: Schools must continue to partner with law enforcement. Working on character education, having school resource officers and making locker and property searches "expected" and commonplace in our schools is effective prevention. It is necessary for us to have early intervention and to share information between disciplines to make good risk assessments regarding our youth.

- Faith based: Churches and religious organizations have to be leading their members and be included in this very social problem. Mentoring programs are one way for the faith based community to be involved, one person at a time.

In closing, while the methamphetamine epidemic seems to be an overwhelming issue to our nation, in reality, (if we as leaders) maintain focus and see the problem as it truly is, we will prevail in eliminating the methamphetamine scourge from our society.

ADDITIONAL WRITTEN TESTIMONY:----------

Oregon law enforcement leaders are deeply concerned that a proposed new limit on national foster care funds will threaten the safety of vulnerable kids and increase crime in our state. The proposal would remove the current national commitment to abused and neglected children and force states to leave kids in dangerous homes. Research shows depriving abused and neglected children in need of foster care protection from getting that protection increases the risk of those children growing up to become violent criminals.

Law enforcement leaders and crime victims know that safe foster homes and services are essential for the more than 9,000 Oregon children in foster care if they are to heal from their abuse and neglect and grow up to be productive citizens. Safe foster homes are also necessary to protect others in Oregon from future crime, because research shows that four out of 10 children who are abused or neglected and left in their homes, but later need to be placed in foster care because of further abuse, commit violent crimes when they grow up.

We know that the Oregon foster care system is now under intense scrutiny. We are all aware of the two recent tragic cases in Clackamas County where a 5-year-old was found bruised and emaciated in an overcrowded and inadequately monitored foster home, and a toddler died of head wounds after the state reunited him with his parents. We recognize that careful deliberations are now underway to make improvements. Today we are not here to lay any blame. Our goal is to ensure that Oregon can rely on national foster care funding to safeguard our most vulnerable children.

For over 25 years, the nation has maintained a commitment of assistance for each eligible abused or neglected child who needs a safe foster home. When the number of children needing a foster home increased, the federal government promised it would match the states' help for each eligible child. Now, that commitment may be abandoned, substituted with federal payments to states that would have rigid limits. This new "cap" was proposed as an option to states in the President's budget, and made mandatory for all states in legislation to be re-introduced shortly by U.S. House Ways and Means Subcommittee Chairman Representative Wally Herger (R-Calif.).

Unlike current law's commitment to match state payments for each eligible child who needs foster care, the new state cap would not budge even when child abuse caseloads surge. More than three-quarters of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003; and six states, including New Jersey and Texas, had at least a third more children in foster care at the end of the four years. Oregon has seen the number of kids in foster care increase from 2001 to 2003. The most recent increase was over 3 percent.

A major reason why Oregon needs so many foster homes is that the state treats more people for methamphetamine addiction per capita than any other state in the country. Sadly, both abused and neglected children in the recent high profile cases originally came into the system from homes affected by methamphetamine. The combination of the growing epidemic of methamphetamine, and improved state efforts to identify more children who are being abused or neglected, are likely to increase the need for foster care in Oregon and many other states during the next several years.

Abused and neglected children who are re-abused because of the shortage of foster care, or who are placed in inadequate or unsafe foster care, will pay an enormous price, day after day, for the rest of their lives. However, they will not be the only victims of the proposed neglect of the foster care system. Others will also pay the price. Law enforcement and crime victims know that failing to protect and heal abused and neglected children sentence Oregon families to needless crime and violence. For example, research shows that when seriously abused or neglected children are left in dangerous homes and have to be placed in foster care later due to more abuse or neglect, they are 27 percent more likely to grow up to be violent criminals than if they had been removed the first time.

A new report, *Abandoning Oregon's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge,* that FIGHT CRIME: INVEST IN KIDS *OREGON* has released. The report's key finding is clear: The proposed new limit on national foster care funding would likely result in more children being abused and, when those abused children grow up, in more crime.

Child abuse and neglect is a serious problem in Oregon. According to Oregon's Department of Human Services there were 9,477 officially confirmed victims of child abuse or neglect in 2003, up 15 percent from 2001. That equals one in every 100 Oregon children. And, in 2003, there were 14 confirmed deaths from abuse or neglect. In 2003, 5,158 children were removed from their homes and placed in foster care.

I believe that, generally, the best place for children is with their families. But, when it's clear that their safety is at risk, they need protection. Foster care provides safe environments for abused and neglected children. A federal Child and Family Services Review of Oregon's child welfare system completed in 2001 reported that 6.8 percent of all victims of abuse and neglect in Oregon were re-abused or neglected within six months, typically by the people who originally abused them. This rate is eight times higher than the cases of abuse and neglect in Oregon foster care, at less than one percent (.8 percent).

In addition to their heightened risk of becoming violent criminals, the emotional scarring of children who have been abused or neglected continues to damage their lives for years to come. For example, they are more likely when they grow up to be unemployed, and they are two and a half times more likely to attempt suicide than other children.

Some politicians in Washington are proposing to abandon the commitment of safe foster homes to victims of child abuse and neglect. They want to stick a new rigid limit on national foster care funding. If the number of kids being abused or neglected went up, Oregon and innocent abused and neglected children would likely be left with a shortfall in safe foster homes.

When the number of children in need of foster care exceeds the capped funding, caseworkers will find themselves between a rock and a hard place, struggling with the question: "When no safe foster home is available, how high does the risk of further abuse or neglect have to be before I remove a child from a home?" The likely result: more abused and neglected children will be left in homes where they have already been beaten, sexually abused or severely neglected. Equally troubling, when funding is short, the children who are removed are more likely to wind up in overcrowded or unsafe foster homes instead of the nurturing homes they so badly need if they are to heal and go on to lead healthy, contributing lives.

The proposed capped payment to states in the legislation by Representative Herger only matches the inflation rate the first year; and in real, inflation adjusted numbers, is set to decline in subsequent years. Representative Herger has recently acknowledged that even the modest funding amounts in last year's bill may be cut even further due to budget constraints when the legislation is re-introduced this year.

To make matters worse, capped funding to states historically are cut over time. Therefore, even if caseloads stay at current levels, states may soon have insufficient funds to help all of their abused and neglected children. The quality and safety of foster care placements would be jeopardized by lower funding, which would cause qualified foster parents to leave the system, to be replaced, if they are replaced at all, by less qualified foster parents. The lack of high-quality foster parents or the simple lack of foster homes would mean that many children would face being left in dangerous homes.

Law enforcement leaders are particularly concerned about a limit on national foster care dollars to the states, because we've watched the crack epidemic and now the methamphetamine epidemic produce a surge of child abuse and neglect, and thus, the need for more foster care.

Methamphetamine use was once concentrated in the west and southwest, but it has now spread to urban, suburban, and rural areas, and its use is now on the rise in Oregon. In fact, in 2003, the state medical examiner recorded 78 meth-related deaths, a 20 percent jump from the year before, and 56 percent higher than in 2001. According to *The Oregonian*, meth is the single biggest factor in the removal of children from abusive homes in Oregon. In Marion County, which has the highest rate of foster care in Oregon, 200 children were placed in foster care during the last three months of 2004, many of them pulled out of meth labs in the middle of the night. Marion County District Attorney Walt Beglau estimated that 30 percent of neglect cases reported in the county are linked to meth. In Salem, one to two children are born each week addicted to meth. The meth epidemic is widespread and affects all Oregon communities. For example, rural Umatilla County has more meth labs, per capita, than anywhere else in Oregon. The U.S. Drug Enforcement Agency (DEA) reported in its 2005 Oregon fact sheet that Oregon "has a growing number of clandestine methamphetamine laboratories."

No state may be harder hit by this epidemic than Oregon. Oregon treats more people for meth addiction per capita than any other state in the country. Ramona Foley, assistant director for Children, Adults and Families at Oregon's Department of Human Services (DHS) has said, "I think if we had some miracle cure, and we no longer had to deal with meth, it would likely reduce the [abuse and neglect] caseloads by at least half." Counties throughout Oregon are overwhelmed with more cases. Gary Weeks, director of DHS said, "One reason foster families are getting larger is to absorb the growing number of endangered children, many of them the sons and daughters of meth addicts or alcoholics and many of them facing their own medical or psychiatric problems as a result."

Although law enforcement leaders are cracking down on meth and heroin use and busting meth labs across Oregon, the number of children abused and neglected because of their parents' addictions to dangerous drugs will likely continue to rise. But, under the proposed new limit, there would be no commitment of national funding for these additional abused and neglected children. We threaten child and public safety if we do not have the means to place these vulnerable children in safe foster homes.

As Oregon improves its ability to investigate and confirm cases of abuse and neglect, more safe foster homes will be necessary. Children First for Oregon, citing the latest data available from the state, released a report in January 2005 saying reports of child abuse or neglect increased by 61 percent between 1994 and 2003. From just 2001 to 2003 reports of child abuse or neglect are up 17 percent and confirmed cases of abuse or neglect are up 15 percent. In 2003, less than half (48 percent) of the reports of children being harmed or at a substantial risk of being harmed received further investigation after the initial intake. The percentage of reports investigated also varied widely by county.

Additionally, improved efforts to help homeless youth would increase the need for foster homes. The Citizen's Crime Commission of Portland recently released a report decrying the treatment of the large number of homeless youth in Portland and throughout the state. The report noted that there are an estimated 11,781 incidences of runaways statewide in 2003. Many of the youths would be eligible for foster care because of their histories of severe abuse or neglect, but have not yet come to the attention of the child welfare system. In fact, the Portland commission was particularly critical of DHS, for not providing adequate foster care services to homeless youth.

There is another consequence of limiting national foster care funds to Oregon. Evidence shows that the intense need to meet the emergencies of abused and neglected children swamps prevention efforts. There are programs that are effective at preventing child abuse and neglect from happening in the first place, but their success can only be assured with separate, dedicated funding. Without dedicated funding both efforts to protect children are undermined. And Oregon's important Healthy Start in-home parent coaching program could be threatened.

Research shows that in-home parent coaching programs – where nurses or trained professionals provide parenting coaching and other skills to at-risk new mothers – work to prevent most abuse and neglect in at-risk families. A study of the Nurse Family Partnership program – one model that we have in Oregon – showed that children of mothers left out of the program were five times more likely to be abused or neglected than children of mothers who received services. Also, as they grew up, the children of mothers left out of the program had twice as many arrests as the children of mothers who received home visits. We know from research that quality in-home parent coaching programs can save taxpayers four dollars for every dollar invested, paying for itself by the time the children are just 3 years old.

Oregon is one of the few states that have made a major commitment to in-home parent coaching. Ten years ago, Oregon launched Healthy Start. Today, Healthy Start has a program in all 36 counties. FIGHT CRIME: INVEST IN KIDS *OREGON* has praised Oregon Healthy Start for reducing child abuse and neglect and improving the health and welfare of families.

Unfortunately, large increases in funding for programs that prevent abuse or neglect, like Healthy Start, are unlikely under the proposed changes to the federal child protection system because the responsibilities of child protection agencies would not change to emphasize primary prevention in place of treatment. Child welfare agencies in Oregon and across the United States are obligated to provide services, monitoring, and care to the children who are already harmed. States need additional money for primary prevention to stop abuse and neglect from happening in the first place, because they will not be able to redirect significant amounts of funding from children already abused or neglected. A study by the U.S. Government Accountability Office (GAO) confirmed that unless federal funding was specifically directed at primary prevention efforts, it went overwhelmingly for those who were already victims of abuse and neglect.

Oregon is now facing financial pressure to cut the state's own commitment to in-home parent coaching of at-risk parents. Without a more concerted effort to directly fund primary prevention efforts, the goal of reducing abuse and neglect is unlikely to be realized under the current proposals.

I have also included a few telling studies and articles as additional written testimony:

INDEX:

Unnecessary Epidemic – An in-depth investigative report by Steve Suo of the Oregonian – October 3, 2003

Oregon Health Science University RCHC Community Project Abstracts – a summary of surveys conducted in 2005 throughout Oregon involving several aspects of methamphetamine consequences on society.

Fight Crime: Invest in Kids Oregon – News release March 23, 2005

UNNECESSARY EPIDEMIC

Sunday, October 03, 2004

STEVE SUO

A decade ago, federal authorities choked off the supply of chemicals needed to make methamphetamine, a cheap, potent stimulant that was devastating the West.

The drug grew scarce, and rehab centers saw fewer meth patients. Emergency rooms reported fewer meth overdoses. Fewer people were arrested for possessing the drug. Identity theft and car theft -- crimes typically committed by meth addicts -- fell in several Western cities.

Federal agents had vastly improved the quality of life, but they didn't know it.

Within a year, the drug cartels that make most of the nation's methamphetamine found new ways to obtain their ingredients, taking advantage of a loophole left open by Congress. As a result, meth use rebounded, and the epidemic spread eastward. Today, an estimated 1.3 million Americans smoke, snort or inject the drug.

An investigation by The Oregonian shows that Congress and federal authorities could have contained the methamphetamine epidemic, and still can.

The investigation establishes for the first time that methamphetamine traffickers are uniquely vulnerable to government pressure.

Methamphetamine differs from heroin and cocaine, which are distilled from plants grown across vast stretches of South America and Asia. Drug dealers create meth from ephedrine or pseudo ephedrine, chemicals used to make cough and cold remedies such as Sudafed. Only nine factories manufacture the bulk of the world's supply.

Deprive traffickers of ephedrine and pseudo ephedrine, and the meth trade withers.

Peter Reuter, a leading drug expert and longtime skeptic of the government's ability to disrupt the drug trade, said The Oregonian's findings were startling. Reuter called them the first convincing evidence that government and law enforcement agencies could substantially reduce meth addiction.

The research, he said, shows that tightening control over the supply of meth chemicals would make "a significant difference to the criminal interests" while modestly inconveniencing consumers.

"I have been asked in the course of the presidential campaign, 'Why doesn't anyone talk about drugs?' " said Reuter, a University of Maryland professor who served on the Clinton administration's meth task force.

The answer, Reuter said, is that no candidate has a plausible approach.

"Here, you actually do have a better idea."

The Oregonian found striking correlations between government actions and meth abuse. In two periods -- 1995-96 and 1998-99 -- federal authorities interrupted the flow of chemicals to drug cartels. Each time, crime and addiction fell in tandem as the price of the drug rose.

The Oregonian discovered these previously overlooked successes by examining millions of reports on arrests, emergency room admissions, drug treatment, and the price and potency of meth seized by drug agents.

Until now, federal officials were unaware of the extent to which their policies succeeded.

The U.S. Drug Enforcement Administration began calling for much tighter control over ephedrine and pseudo ephedrine nearly two decades ago.

But lawmakers were reluctant to interfere with the legitimate trade and said the DEA had no proof the approach would work. The pharmaceutical industry lobbied its allies on Capitol Hill and in the White House to delay or soften legislation that would have harmed the $3 billion market in popular cold products.

When Congress finally gave the DEA broad authority over the trade in pseudo ephedrine in 1996, the agency did not take full advantage of the powers it had sought.

The agency allowed companies it licensed to continue selling cold medicine, even after 20, 30, 40 written warnings that their products were found in meth labs.

The DEA said it has tightened its registration program since 2000, when a number of officially approved dealers were charged with supplying pseudo ephedrine to meth traffickers. In a written statement, the agency said it had "always considered" the control of meth chemicals a "high priority."

Meth abuse is particularly widespread in Oregon, which treats more people for meth addiction per capita than any other state in the country.

The drug, sold in powder or rock form, delivers an intense rush. A few hits cost just $25. Heavy users stay awake for days, growing paranoid and aggressive before crashing into sleep.

Gov. Ted Kulongoski now calls meth the most pressing crime issue facing the state. Police in Portland and surrounding suburbs say that meth users are responsible for thousands of identity thefts each year.

In rural communities such as Coos County on the Oregon coast, social workers say meth abuse plays a role in most cases of child abuse and neglect.

The story is repeated in communities across much of the country. More people are now in rehab for meth addiction than for cocaine or heroin in 16 states. And recent treatment data show the drug is rapidly drawing new users in places such as Illinois, Kentucky, Alabama and Georgia.

The problem has been slow to reach the attention of national policymakers, in part because the threat remains distant from the nation's major East Coast cities.

Authorities in Portland, Spokane, San Diego and Phoenix report that 25 percent to 38 percent of men arrested for any crime have methamphetamine in their bloodstream. The comparable rates in New York and Washington, D.C., are less than 1 percent.

Nancy Bukar, a lobbyist for the Consumer Healthcare Products Association, argues that the regional nature of the problem weighs against further restrictions on pseudo ephedrine products.

"You've got to strike a balance here," said Bukar, whose group represents pharmaceutical companies. "Yes, they're being used in an illegitimate fashion by some people, but the major majority of people are using it for colds and to unstuff noses."

Over the past decade, meth traffickers have displayed an uncanny ability to outwit regulators and obtain their raw materials. But former DEA officials say the government has failed to make a concerted effort to deprive traffickers of two chemicals produced in only four countries.

The Oregonian's study shows that a national strategy to halt the flow of meth chemicals could be accomplished with little effect on consumers and relatively low cost to taxpayers.

U.S. diplomats could work with officials in India, China, the Czech Republic and Germany to more closely track every sale of pseudo ephedrine from the few factories that produce it. Right now, DEA officials review only exports from those countries to the United States and Mexico.

U.S. diplomats could work with officials in India, China, the Czech Republic and Germany to more closely track every sale of pseudo ephedrine from the few factories that produce it. Right now, DEA officials review only exports from those countries to the United States and Mexico.

That approach failed to immediately detect a huge smuggling route through Canada that opened in the late 1990s.

The National Institute on Drug Abuse, which spends $1 billion a year on addiction research, could dedicate some money to developing an effective decongestant that cannot be converted into meth.

Pfizer, one of the leading sellers of cold medicine in the United States, holds the patent to such a medicine. It has never been brought to market, Pfizer says, because it was not enough of an improvement as a cold medicine to make it commercially viable.

The government could provide incentives for drug companies to create such a product, just as it already subsidizes research on unprofitable "orphan drugs" that promise cures for rare diseases.

Finally, the DEA could take a more aggressive approach to overseeing the trade in the two key chemicals used to make meth. The agency spends $700 million annually eradicating coca plants in South America. It devotes only $20 million to tracking the flow of pseudo ephedrine and ephedrine -- the same amount the city of Portland spends annually on its motor pool.

John Coleman, DEA's former chief of operations, said the agency "could do a lot of phenomenal things" if it put more money into regulating drug chemicals.

"We're keeping the accomplishments low by keeping the staffing low," said Coleman, who also served as head of the DEA's offices in Boston and Newark, N.J.

"It's not very hard, really," he said. "It's just like shooting fish in a barrel. But you have to have the bodies."

Trend across states

The Oregonian set out to understand what caused the explosive growth in meth abuse during the 1990s.

First, the newspaper analyzed the records of 282,000 people entering rehabilitation programs for methamphetamine abuse in Oregon, Washington and California from 1992 to 2000. Their names were obscured to protect their privacy.

Researchers who study drug abuse have used treatment statistics as a barometer of the number of addicts. Just as population growth can be seen in clogged freeways, a rise in patients reporting to rehab centers is a sign that the drug problem is worsening.

The rise and fall of patients in rehab is an imperfect measure that could also reflect changes in availability of treatment and other factors. For this reason, The Oregonian examined treatment data from multiple states in combination with statistics on crime, emergency room admissions and arrests.

During the 1990s, the number of patients in Oregon, Washington and California admitted for meth abuse soared. But during the two periods in which federal authorities restricted access to the chemicals needed to make meth -- 1995-96 and 1998-99 -- clinics saw their meth caseloads sharply decline.

In those years, the numbers of patients diminished in Oregon, Washington and California, three states with different approaches to rehabilitation. That pattern was seen among people who voluntarily entered treatment and those ordered to do so by courts and child welfare agencies.

The Oregonian compared these treatment statistics with the number of trauma and overdose patients admitted to emergency rooms with meth in their blood. The patterns were identical.

The newspaper next examined arrests for methamphetamine possession in the same period. No statewide data were available for Oregon and Washington, but in California the numbers rose steadily except in 1995-96 and 1998-99.

Finally, the analysis turned to data on two crimes most commonly associated with meth users in Oregon: forgery and fraud. Data statewide, as well as for Portland and Salem, once again showed improvements in 1995-96 and 1998-99.

Police in Spokane; Salem; Sacramento; Kennewick, Wash.; and Phoenix reported the number of vehicles stolen monthly dipped or leveled off in 1995-96 and again in 1998-99 -- the same periods when other indicators of meth use were falling. Annual FBI data showed similar declines in rural counties of Arizona, New Mexico, California, Oregon, Idaho and Washington.

The similarity among these multiple measures of meth abuse was striking. The numbers of meth rehab patients, overdoses, arrests and property crimes moved in unison, matching one another in many cases across states down to the month.

Taken together, the data The Oregonian examined show there was good news hidden within the deluge of meth-related crime stories of the past decade.

But what caused such simultaneous, dramatic changes in the drug habits of individuals living thousands of miles apart?

The answer lay in the supply of the drug itself -- an aspect of the meth trade that turned out to be highly susceptible to government intervention.

Myths of meth

The most common belief about meth is that its use has grown rapidly because anyone can make it. Television news features colorful scenes of houses ablaze after volatile meth chemicals used by home cookers ignite.

The reality: Despite the existence of thousands of such home labs across the country, federal drug agents say local users make very little of the meth consumed in the United States.

From Oregon to Iowa, the DEA estimates that four out of every five hits of meth are cooked by Mexican organized crime syndicates operating in California, where they began making the drug on a grand scale a decade ago.

Their ability to produce plentiful, highly pure meth propelled the drug's popularity.

In the 1970s, meth was a minor West Coast fad. California motorcycle gangs discovered the powerful stimulant first synthesized by a Japanese chemist in 1919.

In 1980, the bikers' main ingredient, phenyl-2-propanone, came under federal control. So, underground cooks turned to ephedrine, a mild stimulant whose main legal use was as an asthma medication. To their surprise, ephedrine made meth twice as potent.

Prosecutors say a small-time Mexican cocaine runner named Jesus Amezcua Contreras and his brother, Luis, saw the commercial possibilities.

"This was not some Laurel and Hardy, dumb bunch of bikers that made meth in their back yards," said Larry Cho, a federal prosecutor who obtained a 1994 indictment against Luis Amezcua in Orange County, Calif. "Those guys were starting to industrialize the methamphetamine process. They made it into a business."

The key to their success, DEA officials say, was a massive and steady supply of ephedrine.

By 1989, the U.S. government had regulated sales of ephedrine powder, but the law exempted sellers of ephedrine pills -- because the product was a legitimate asthma medication.

Some meth cooks began to tap a gray market that hawked these products in adult magazines as "energy boosters."

But the Amezcua brothers went to the source, prosecutors say, arranging directly or through middlemen to purchase bulk ephedrine powder from manufacturers in Germany, the Czech Republic, India and China. A federal indictment says the Amezcuas and their scouts roamed Europe and Asia, placing orders by the ton.

By 1992, the brothers were shipping unprecedented quantities of ephedrine into Mexico and on through Tijuana to Southern and Central California, according to court documents. There, the Amezcuas and other cartels that followed found plenty of migrant labor and mile after mile of open space in which to hide a revolutionary process for making meth.

Drug agents from San Diego to Sacramento began discovering labs that cooked meth in a flask the size of a beach ball, big enough to hold 11 two-liter bottles of soda. As many as 12 of these giant globes were strung together, for a capacity of 144 pounds of pure meth every 48 hours.

Cut to street purity, that amount of meth would equal 1 million doses -- enough to keep tens of thousands of heavy users high for days. By contrast, home-based labs produce about one ounce of meth at a time, enough for 280 doses.

Seemingly overnight, cookie-cutter copies of the mammoth labs were everywhere. The operators were migrant workers, paid and trained by mysterious benefactors to keep the labs running and their mouths shut.

The product entered existing Mexican distribution channels for heroin and cocaine that stretched as far as North Carolina.

As meth became more abundant, dealers had less need to dilute it. The drug's purity rose.

Purer drugs are more habit-forming, studies have shown. Primates and rats, trained to press a lever that releases a shot of drugs, learn the trick faster when the initial dosage is strong.

Purer drugs also reduce the cost of getting high. A $25 bag of meth lasts longer. Numerous studies in both humans and animals show that when the "cost" goes down, users get high more often -- just as motorists choose to drive more when gasoline is cheap.

That is what happened with meth from 1991 to 1994.

The average purity of meth doubled nationally in those years, reaching more than 70 percent, according to a RAND Corp. analysis of DEA data.

The highly potent meth hit the street simultaneously in nearly every Western state, The Oregonian's analysis shows. Soon after, the numbers of people entering rehab for methamphetamine addiction, arrested for meth possession and suffering overdoses began to rise.

Drug cartels had created a national habit by making meth plentiful and pure. But the secret to their success -- the ephedrine pipeline -- was about to be exposed.

The perfect storm

One day in March 1994, a shipping agent in Frankfurt, Germany, made a mundane but fateful decision that would bring chaos to the market that the Amezcua brothers had built.

A customer with a shipment of 120 cardboard barrels bound for Mexico City had left explicit instructions to steer the load clear of U.S. ports. But the flight to Mexico City was overbooked and beyond its allowable cargo weight. Contrary to the shipper's wishes, the agent sent the load on a Lufthansa flight that landed in Dallas.

There, the shipment immediately raised suspicions. U.S. Customs agents on the tarmac noticed that the labels had been altered. They pried open the barrel lids and found 3.4 metric tons of pure ephedrine powder, enough to cook up more than 41 million doses of methamphetamine.

It was a lucky break. For the first time, federal investigators had evidence they could use to trace precisely who was supplying ephedrine to the Amezcuas.

Four months after the first multiton seizure, customs agents in Dallas seized another 2.4 tons of ephedrine. In October, Dutch authorities at Amsterdam's Schiphol Airport stopped a 6.9-ton shipment of ephedrine that was bound for Guadalajara.

Terry Woodworth, who recently retired as the DEA's deputy director of diversion control, called the string of discoveries "an eye-opener."

"We were, to be candid, not as aware of that situation as we should have been until the Dallas-Fort Worth seizures," Woodworth said.

DEA officials flew to a meeting of the International Narcotics Control Board in Vienna to confront their counterparts from the countries that had unwittingly helped the Amezcuas obtain their ephedrine. Within months, the manufacturing countries and nations that were stopover points enacted stringent export restrictions.

In the United States, meanwhile, Congress had moved to choke off access to ephedrine pills, which had been protected from regulation and were being found by the millions in meth labs. A new law, requiring sellers of ephedrine pills to register with the government, was scheduled to take full effect in 1995. Many shady operators were scared away.

As a final blow, an IRS investigation led to a mail-order pill maker suspected of providing tons of ephedrine to the meth market in pill form. DEA agents shut down the Pennsylvania company in May 1995.

DEA officials say that in just 18 months, they and their foreign counterparts blocked or seized an estimated 170 to 200 tons of ephedrine. It was a sixth of the world's entire annual production.

"The hose was clamped," said Gene Haislip, former head of the DEA office that tracks chemical sales.

In California, the Amezcuas and other Mexican meth cartels felt the effects.

According to a DEA report written at the time, the standard, 55-pound drums of foreign ephedrine the traffickers called "tins" were going for as much as $80,000, nearly double the old price. Eventually, the traffickers stopped buying tins altogether, aware that the only people with any to offer were undercover police.

Short on ephedrine, traffickers produced less meth, prompting dealers to dilute or "step on" the product. In late 1995, according to a California Bureau of Narcotics Enforcement internal bulletin, meth samples for the first time were found mixed with MSM, a veterinary analgesic that looks just like crystal meth.

Retail purity plummeted. Nationally, samples of the drug bought undercover fell to only 40 percent to 50 percent pure after peaking at 70 percent to 74 percent.

It was much the same in all the communities where the drug cartels had extended their distribution network. From Oregon to Missouri, meth seized by drug agents tested weaker and weaker.

In August 1995, a final sign of desperation emerged. Investigators in California's Central Valley seized a lab that made simple amphetamine, a much weaker stimulant that can be made without ephedrine. For months afterward, what was sold as meth was actually the less potent drug, according to law enforcement officials.

Relief came to communities meth had ravaged.

In 1996, for the first time in four years, the number of people in rehab for meth fell in 16 of the 24 states west of the Mississippi River; in five others, the growth in rehab patients dramatically slowed. Each had experienced double-digit annual growth in meth patients from 1992 through 1995. Now, the number was down: 18 percent in Oregon, 19 percent in California, 22 percent in Washington.

Numerous other indicators of meth abuse were falling: meth-related trauma and overdoses nationally; arrests for meth possession in California; car thefts in Salem and Spokane; forgeries in Phoenix and Portland.

The declining purity of meth had suddenly raised the cost of getting high and reduced the drug's addictive allure.

Multiple gauges indicated that meth users responded by cutting back, while some first-time users decided not to make meth a habit.

To people who believe drug addicts will achieve intoxication at any price, the findings would seem surprising. But to the numerous researchers who have found that users are sensitive to changes in price and purity, the outcome is perfectly logical.

"There's no doubt in my mind," said William Woolverton, a leading addiction researcher on primates at the University of Mississippi Medical Center. "If you reduce the dose of methamphetamine, you weaken methamphetamine-taking behavior."

In November 1995, the Amezcua brothers gathered with their underlings in Tijuana. According to a federal indictment, the Amezcua brothers discussed their plight. The disruption in their supply was forcing them to tap new sources. They were feeling the pressure.

Costly hesitations

The perfect storm that rocked the Amezcua empire represented a rare opportunity in the battle against meth.

It barely made a ripple with Congress.

DEA officials moved to control pseudo ephedrine, ephedrine's chemical sibling and the ingredient they assumed the cartels would try next. But pressed by the pharmaceutical industry, lawmakers resisted.

Meth purity rose again as the Amezcuas made the switch.

In 1996, Congress required pseudo ephedrine sellers to register with the DEA, a major change. The law took effect the next year, chasing off some distributors who had supplied the meth trade. Meth purity began to fall, and with it addiction and crime.

Once again, the victory proved short-lived.

The DEA made limited use of its new powers, and the drug cartels slowly found other ways to obtain their chemicals.

In 1998, some pseudo ephedrine wholesalers with DEA permits started selling millions of pills to meth traffickers. By 1999, purity was on the rise again.

In 2000, the DEA cracked down, sending dozens of black-market wholesalers to prison. By then, other pseudo ephedrine brokers had found a new unregulated source: Canada, where the government had left open the same loopholes Congress had shut four years earlier.

Canada's imports of pseudo ephedrine jumped from 34 metric tons annually to about 140 tons in 2001. DEA officials say that additional amount was smuggled into the United States and driven to meth labs in California.

The DEA says Canadian pseudo ephedrine imports have declined since. And last month, agents announced a successful operation against a new threat, Canadian distributors of ephedrine powder.

"Breaking up these organizations will dramatically limit the availability of ephedrine in the United States and will have a significant effect on the large-scale production of methamphetamine," Deputy Administrator Michele Leonhart said in a statement.

But the most recent statistics on meth use show the number of addicts is rising, along with drug purity, suggesting that traffickers have found other overseas sources of supply.

Only one independent researcher has closely studied the issue.

In an article published last year in the journal Addiction, James Cunningham analyzed emergency room admissions in Nevada, California and Arizona. That study, based on a narrower range of data than The Oregonian's, reached the same conclusion: Controlling chemicals reduces meth abuse.

Cunningham, of the Public Statistics Institute in Irvine, Calif., said researchers are reluctant to acknowledge the value of law enforcement in curbing drug abuse. "A lot of people have turned this into an emotional issue or a political issue," he said. "We try to look at it as a health issue."

Former DEA officials who worked to squeeze the chemical supply said they have long understood the basic principle.

"If you don't have all the ingredients to make the pie," said John Buckley, a retired DEA diversion investigator, "the pie isn't going to come out right."

News researchers Lynne Palombo, Margie Gultry and Kathleen Blythe contributed to this story.

Methamphetamine use in Grant County: Development of a patient handout to increase methamphetamine treatment.
Project Date: 8/8/2005

Methamphetamine use continues to be a growing and seriously problem in the United States, with rural areas being affected particularly heavily. This project was designed to increase the use of treatment options by methamphetamines users in Grant County, with the creation of a brochure that is available to patients in the Emergency Room at Blue Mountain Hospital and Grant County Center for Human Development. Before this project, there was a lack of ready information for people who use methamphetamines about their treatment options locally and regionally. The attention grabbing and succinct brochure highlights the reasons why methamphetamine use is harmful, increases insight into the person's habit, and explains what options are available to help them quit. The handout can be easily altered to accommodate different regions of Oregon and the US, and it is hoped that it will increase the number of people who successfully quit their addiction to methamphetamines.

Meth Use During Pregnancy
Project Date: 7/4/2005

Methamphetamine use during pregnancy is quickly becoming a major problem in rural Oregon. This study attempted to identify the health effects of meth use during pregnancy on the mother and the baby and the resources available in Klamath Falls for meth cessation. The design was a meeting with Molley Boham RN, instructor of prenatal classes at Cascades East Family Practice, and Merlaine Zwartverwer RN Maternity Care Coordinator for Cascades Comprehensive Care to determine the extent of meth use during pregnancy with their patients. A medline search for methamphetamine and pregnancy articles was then done, as well as an extensive Internet search, focusing on meth use in Oregon. I also consulted with Dr. Sohl, perinatologist for Southern Oregon. There are multiple opportunities to reach pregnant women including office visits at Cascades East, office visits with Dr. Sohl, prenatal classes by Molley and home visits by Merlaine. However, there is currently no handouts or material about meth use being used. Therefore, the final product of this project was development of a patient handout for pregnant women coming to Cascades East or in Merlaine's program. Also, a presentation was given to all physicians at Cascades East to educate them about meth.

Substance Dependence In Josephine County
Project Date: 7/4/2005

Background: The abuse of substances including tobacco, alcohol, and elicit drugs impact the wellbeing of the individual and drains the financial and social strength of the community. I-5 is a major corridor for drug traffic and smugglings. In Oregon, the nest of this problem appears to be small rural communities along this mega-

highway such as those found within Josephine County, including but not restricted to Grants Pass, the site of my rural rotation. In Josephine County, 33% of adults were smokers in 2001; Alcohol was the eighth top cause of death in 2002; In 2004, the Josephine County Sheriffs office seized 25 methamphetamine labs, 7,891 marijuana plants, and 198,718 grams of drugs with a street value of $19,479,868. This study examines the availability, accessibility, and effectiveness of medical treatment and rehabilitation services for individuals with substance dependence within Josephine County. Method: Research was conducted through the internet and yellow pages, followed by questionnaires and interviews with local Josephine county healthcare providers, a hospital social worker, an addiction counselor, and representatives of local rehabilitation programs involved in the care of individuals with substance dependence disorders. Results: Findings indicate a lack of funding, dwindling services and resources, and defective communication and referral protocols are among the sources of problems with access and quality of care for substance dependent individuals. Conclusion: I propose that protocol for referral and communication between the primary care community and the mental health/substance abuse treatment community be reevaluated by a committee of representatives from all involved parties and that new protocol be established and made clear to all members of these parties for the improvement of access and quality of care to patients. Meanwhile, a chart that lists local resources and summarizes some referral protocol was developed and distributed locally to several local primary care providers.

Prevalence of Methamphetamine Use In Jefferson County, Oregon
Project Date: 8/9/2004

Methamphetamines use has major health and societal impacts in rural communities across the United States. A previous community project in Madras, Oregon, sought to educate high school students regarding the ill effects of methamphetamine use. That investigator acknowledged the prevalence of methamphetamine use in the area, but did not attempt to quantify the prevalence. The aim of this project was to try and provide some numbers and demographics of methamphetamine use in Jefferson County, Oregon. Because there is no single source where such information is stored and tracked, a number of different sources were queried.

Methamphetamine Use and Manufacturing in Lebanon, Oregon
Project Date: 7/7/2003

For my community project I analyzed the problem of methamphetamine (meth) use in Lebanon. I was really interested in this topic because I know nothing about this drug and it is one of the most popular drugs in Lebanon. At the clinic I saw a number of patients who were meth addicts and was told by the doctors that its use and manufacturing is a significant problem in the community. The demographics of Lebanon include a very low socio-economic class of people who are either blue-collar workers or unemployed. Meth is cheap and easy to make and therefore tends to be very prevalent in rural towns like Lebanon. My goal in doing this community project was to find out what meth is, how it affects the body, how it is made, the prevalence of the problem and the options for treatment once a person becomes addicted. In order to answer these questions, I did extensive research on the Internet regarding general information about meth and its manufacturing; I interviewed a detective who works with the local drug enforcement program in Lebanon, and I interviewed a counselor who works at ACES, the only drug treatment center in Lebanon. Through these experiences, I was able to learn a wide range of information regarding meth. The following information is a summary of what I learned from my research.

Methamphetamine abuse: a growing problem in Central Oregon.
Project Date: 3/24/2003

Methamphetamine abuse is a serious and growing problem throughout the United States, especially in rural communities. The prevalence of methamphetamine abuse is increasing in Madras, Oregon and the ill consequences of the problem are becoming obvious to the community at large. This project acknowledges the problem and identifies a high school population as needing education for primary prevention of methamphetamine use. The design of the project was giving a thirty-minute presentation with a question and answer period to the health classes at Madras High School. Given that the average age of first methamphetamine

use is in the mid-late teens, it was felt that the high school population needed to be informed of the problem, risks, and consequences of methamphetamine use. Also, handouts were given to the students written by the National Institute of Drug Abuse. The findings of this project were that the high school students had never been given information on methamphetamine use. They gained knowledge of this serious and growing problem in their community and the consequences of methamphetamine use.

Prevalence of Methamphetamine Abuse in Ontario High School, Ontario, Oregon: A demonstration of the spread of methamphetamine abuse to rural communities
Project Date: 11/4/2002

Methamphetamine is a drug of abuse which has been traditionally used in urban areas by mostly white, male, blue collar workers on the west coast. Attributes of this drug, such as its low cost, ease of production, and longer half-life, have led to its spread into more rural areas. This study surveyed 104 high school students in Ontario, Oregon, a town of about 10,500 people, in order to identify attitudes regarding and use of methamphetamine in this rural community. Students were administered a 22 question survey designed to measure exposure, use of, and attitudes towards methamphetamine and other common drugs of abuse. While students generally acknowledged the danger of methamphetamine, comparing it to drugs like cocaine and heroin, 7.7% (8/104) acknowledged use of the drug, a rate nearly twice the national average. Further, 1 in 3 acknowledged having been in the presence of others intoxicated by methamphetamine, 1 in 4 stated they had friends who had used the drug, and a majority (52.9%) knew people who had used the drug. Methamphetamine was also readily available. Half stated that they knew someone who could give or sell them methamphetamine, and more than 1 in 5 (21.2%) had been offered the drug at some point. While exposure is rampant, the attitude that methamphetamine is a dangerous drug is prevalent. This presents a unique window of opportunity for the community of Ontario to address this problem amongst a still receptive audience.

Methamphetamine: Educating the Health Professionals of Rural Oregon
Project Date: 3/25/2002

Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse. Methamphetamine abuse, long reported as the dominant drug problem in California, has now become a substantial drug problem in other sections of the Southwest and West, particularly Oregon. Portland consistently ranks 3rd-4th in major US metropolitan cities for positive urine drug screens at the time of arrest. However, recent data suggests that methamphetamine is rapidly becoming a larger problem in rural regions than urban centers. Methamphetamine use was traditionally associated with white, male, blue-collar workers, but is now being used by younger and more diverse population groups usually differing by geographic area. According to the 2000 National Household Survey on Drug Abuse, an estimated 8.8 million people (4.0% of the population) have tried methamphetamine at some time in their lives, and based on similar surveys it is thought that many of these people use on a regular basis. Another shocking result from the NHSDA survey found that an estimated 6.9% of US high school students have used methamphetamine at least once suggesting methamphetamine use is occurring more commonly in younger age groups. The purpose of this project was to put together recent national and statewide data in order to lead a discussion targeted to the health care professionals of Burns, Oregon about methamphetamine. Hopefully this information will increase their overall understanding of the drug, the increasing problem in rural America, the signs and symptoms of methamphetamine use, and some of the medical problems they are likely to see associated with it.

FOR RELEASE: March 23, 2005

New Report Shows Proposed Foster Care Limits Would Mean More Child Abuse and More Crime

Oregon Law Enforcement Leaders Urge State's Congressional Delegation to Oppose Threats to Child and Public Safety

Salem, March 23 — Oregon law enforcement leaders today released a new report showing that a proposed new limit on national foster care funding would likely result in both more child abuse and, when abused children grow up, in more crime. They urged the state's congressional delegation to oppose this dangerous abandonment of America's commitment to child and public safety.

Current law ensures that whenever Oregon has to provide more eligible abused and neglected children with foster homes, it can count on the federal government to provide a matching share of the needed support. However, in the next few months, Congress is expected to consider legislation that would place a rigid limit on national foster care funding to states. Senators Gordon Smith and Ron Wyden are members of the Senate Finance Committee, which will review this proposal to change foster care funding.

At a hearing before the Oregon House Health and Human Services Committee and at a news conference in the Capitol Press Room following the hearing, Oregon law enforcement leaders said that research shows that leaving kids in dangerous homes where they face continuing abuse and neglect increases the risk that they will become violent criminals by 27 percent. Four out of 10 children who are seriously abused and neglected and left in their homes, but later need to be placed in foster care because of further abuse, commit violent crimes when they grow up.

"It is simply wrong to abandon America's commitment to provide safe foster homes to children when we know that both their lives and our public safety are threatened," said Polk County Sheriff Robert Wolfe. "Oregon law enforcement leaders are counting on our senators and representatives to ensure abused and neglected children get safe foster homes."

The law enforcement leaders are representatives of the statewide anti-crime organization Fight Crime: Invest in Kids *Oregon*, which includes more than 100 police chiefs, sheriffs, prosecutors and crime victims. They acknowledged that the Oregon foster care system is now under intense scrutiny and recognized the careful deliberations underway to make improvements. They urged the Oregon State Legislature to send a resolution to the state's Congressional delegation opposing this threat to child and public safety.

Gresham Chief of Police Carla Piluso said that the limit on national foster care dollars proposed by Representative Wally Herger (R-Calif.) would likely lead to a shortage of adequate foster homes, and to more abused and neglected children being left in homes where there is the threat of further abuse or neglect. In 2003, more than 9,000 children in Oregon were victims of child abuse or neglect, a 15 percent increase from 2001. There were 415 more Oregon children in need of foster care in 2003 than in 2001. Had the proposed funding limit gone into place in 2001, the number of Oregon children in need of foster care would have exceeded the limit in each of the following two years.

Oregon would not be alone in facing a shortage of safe foster homes for at-risk children under this proposed new limit on national foster care dollars. More than three-fourths of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003.

"When more children need foster care, what's going to happen to them if the funds are capped?" said Martha Brooks, state director of Fight Crime: Invest in Kids *Oregon*. "Are the caseworkers going to have to say, 'Well, we're just going to have to leave this one at home, even though it's not a safe place to be, because we just don't have a safe alternative'?"

The law enforcement leaders expressed concern that the current methamphetamine epidemic in Oregon has increased the number of children who are abused and neglected and need safe foster homes. According to the report, *Abandoning Oregon's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge*, Oregon has more methamphetamine addicts receiving treatment per capita than any other state in the country. In 2003, the state medical examiner recorded 78 meth-related deaths, a 20 percent jump from the year before, and 56 percent higher than in 2001.

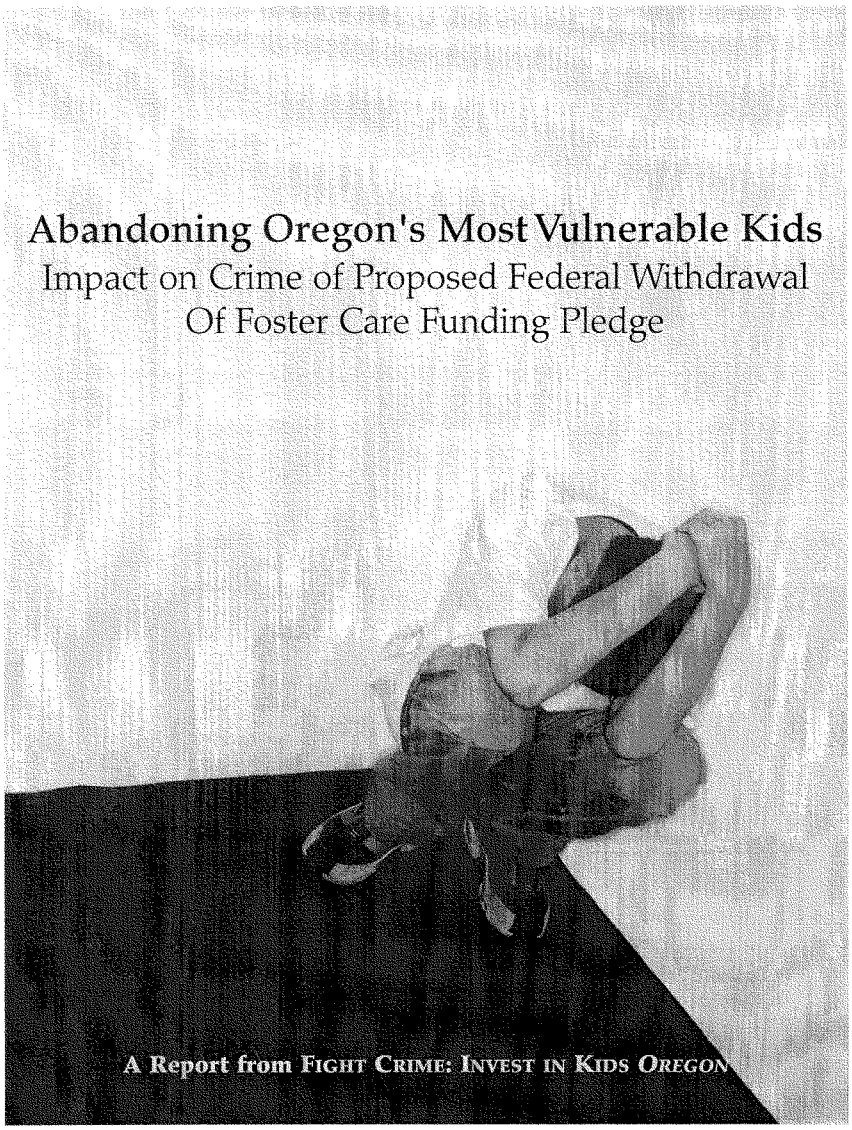
According to The Oregonian, meth is the single biggest factor in the removal of children from abusive homes in Oregon. In Marion County, which has the highest rate of foster care in Oregon, 200 children were placed in foster care during the last three months of 2004, and many of them were pulled out of meth labs in the middle of the night.

"Today methamphetamine is the new crack epidemic and police officers are already seeing more battered, neglected and abandoned children," said Marion County Sheriff Raul Ramirez. "When we know that drugs will harm more children who will need safety in foster care, Washington must not cut the lifeline for Oregon's abused and neglected children. If we don't invest in foster care now, we'll pay later when our communities and loved ones are at risk of higher crime and violence."

"Foster homes represent crime prevention at its finest," said Chief Piluso. "The warm, caring environment of a foster home builds children's self confidence and makes them more likely to accept responsibility for their life choices, reducing the risk that they will become criminals."

Fight Crime: Invest in Kids *Oregon* is part of the national anti-crime organization Fight Crime: Invest in Kids, made up of more than 2,000 law enforcement members.

The report is at www.fightcrime.org/reports/orfostercare.pdf. Copyright 2004 Fight Crime: Invest in Kids


Abandoning Oregon's Most Vulnerable Kids
Impact on Crime of Proposed Federal Withdrawal
Of Foster Care Funding Pledge
A Report from FIGHT CRIME: INVEST IN KIDS OREGON

ACKNOWLEDGEMENTS

FIGHT CRIME: INVEST IN KIDS *OREGON* is part of FIGHT CRIME: INVEST IN KIDS, a national, bipartisan, nonprofit, anti-crime organization. The national organization has a membership of more than 2,000 police chiefs, sheriffs, prosecutors, and victims of violence. The members take a hard-nosed look at what works – and what doesn't work – to prevent crime and violence. They then recommend effective strategies to state and national policymakers.

FIGHT CRIME: INVEST IN KIDS is supported by tax-deductible contributions from foundations, individuals, and corporations. FIGHT CRIME: INVEST IN KIDS receives no funds from federal, state, or local governments.

Major funding for its operations is provided by:

Annie E. Casey Foundation • Naomi and Nehemiah Cohen Foundation • Freddie Mac Foundation • Garfield Foundation • The Joyce Foundation • The David and Lucile Packard Foundation • The Pew Charitable Trusts – Advancing Quality Pre-Kindergarten for All

Report authored by William Christeson, M.H.S., Sanford Newman, J.D., Martha Brooks, Michael Kharfen, and Jeff Kirsch.

The following staff members of FIGHT CRIME: INVEST IN KIDS contributed to production of this report: Nicole Goldberg, Randi Levine, David Kass, Miriam Rollin, Sheryl Shapiro, Dea Varsovczky, and Meredith Wiley.

Publication design by Elizabeth Kuehl.

FIGHT CRIME: INVEST IN KIDS *OREGON* • PMB# 336 17675 SW Farmington Road • Beaverton, OR 97007 • 503.649.2068 • fax 503.649.2743

Executive Summary

In 2003, 5,158 children in Oregon were abused or neglected so severely that they had to be removed from their homes. As 2003 ended, there were more than 9,000 children living in foster homes in Oregon. A major reason why Oregon needs a significant number of foster homes is that the state treats more people for methamphetamine addiction per capita than any other state in the country. Law enforcement leaders and crime victims know that safe foster homes and services are essential if abused or neglected children are to heal and grow up to be productive citizens. Safe foster homes are also necessary to protect others in Oregon from future crime, because research shows that almost four out of 10 of the children who are re-abused or neglected rather than put in safe foster homes will become violent criminals.

For over 25 years, the nation has maintained a commitment of assistance for each eligible abused or neglected child who needs a safe foster home. When the number of children needing foster homes increases, the federal government promises it will match the states' help for each eligible child. Now, that commitment may be abandoned, substituted with federal payments to states that would have rigid limits. This new "cap" is proposed as an option to states in the President's budget and is mandatory for all states in legislation to be re-introduced by U.S. House Ways and Means Subcommittee Chairman Representative Wally Herger (R-Calif.).

Unlike current law's commitment to match state payments for each eligible child who needs foster care, the new state cap would not budge even when child abuse caseloads surge. More than three-quarters of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003, and six states, including New Jersey and Texas, had at least a third more children in foster care at the end of the four years. Oregon has seen the number of kids in foster care increase in both 2002 and 2003. The most recent increase, from 2002 to 2003, was over 3 percent.

The spreading national methamphetamine epidemic and improved state efforts to identify more children who are being abused or neglected are likely to increase the need for foster care in Oregon and many other states during the next several years.

To make matters worse, Representative Herger's proposal would actually cut funding in real (inflation-adjusted) dollars after the first year, putting the squeeze on foster care even in years when caseloads do not rise.

When the number of children in need of foster care exceeds the capped funding, caseworkers will find themselves between a rock and a hard place, struggling with the question: "When no safe foster home is available due to lack of funding, how high does the risk of further abuse or neglect have to be before I remove a child from a home?" The likely result: more abused and neglected children will be left in homes where they have already been beaten, sexually abused, or

severely neglected. Equally troubling, the children who are removed from their homes are more likely to wind up in overcrowded or unsafe foster homes instead of the nurturing homes they so badly need if they are to heal and go on to lead healthy, productive lives.

Abused and neglected children who are re-abused because of the shortage of foster care, or who are placed in inadequate or unsafe foster care, will pay an enormous price, day after day for the rest of their lives. However, they will not be the only victims of the proposed neglect of the foster care system. Others will also pay the price. Law enforcement and crime victims know that failing to protect and heal abused and neglected children sentences Oregon families to needless crime and violence. For example, research shows that when seriously abused or neglected children are left in dangerous homes and have to be placed in foster care later due to more abuse or neglect, they are 27 percent more likely to grow up to be violent criminals than kids immediately placed in foster care.

The 101 police chiefs, sheriffs, district attorneys, and victims of violence who are members of FIGHT CRIME: INVEST IN KIDS *OREGON*, and the more than 2,000 members nationally, are committed to protecting the children who cannot protect themselves. Our members are also committed to protecting our communities from future crime. Placing an arbitrary, rigid limit on federal foster care support for abused and neglected children is a dangerous abandonment of the commitment our country makes to our most vulnerable children.

Eliminating the National Commitment to Help Abused and Neglected Children Will Increase Crime in Oregon

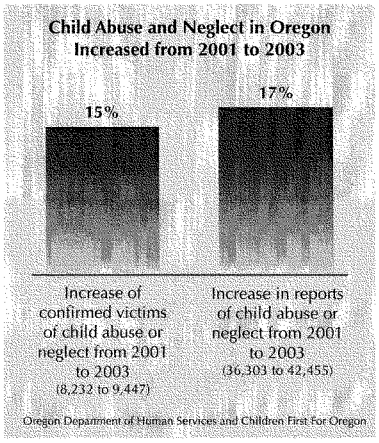
Most people in Oregon are aware of the severe abuse and neglect some children suffer. Few people, however, realize the scope of the problem or the severity of the consequences. According to Oregon's Department of Human Services, there were 9,477 officially confirmed victims of child abuse or neglect in 2003, up 15 percent from 2001.[1] That equals one in every 100 Oregon children.[2] In 2003, 5,158 children were removed from their homes and placed in foster care;[3] in 2003, 14 children died from abuse or neglect in Oregon.[4]

I. Continued abuse or neglect creates violent criminals

The tragedy does not end once the abuse and neglect takes place. Though many abused and neglected children grow up to lead productive lives, children who live through abuse or neglect are far more likely than other children to be unemployed and to suffer from unstable relationships when they grow up.[5] They are also two and a half times more likely than other children and adults to attempt suicide, and more likely than other children to become criminals who prey on others.[6] A year's toll of abuse and neglect reaches well into the future, and well beyond the initial victims.

The link between abuse and neglect and future crime

Severe abuse and neglect, particularly when it occurs during the earliest months and years of life, can permanently injure children in ways that make them much more susceptible to engaging in violence. According to Dr. Bruce Perry, a neurobiologist and authority on brain development and children in crisis: "The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life. ... with severe emotional neglect in early childhood the impact can be devastating."[7] Dr. Perry explains that severely neglected children frequently respond with aggression and cruelty that "is often accompanied by a detached, cold lack of empathy."[8] Research shows that neglect



is as likely as physical abuse to lead to future criminal behavior when a child reaches adulthood.[9]

Physical abuse can cause post-traumatic stress disorders in children. Abused children's brains can become "stuck" in high alert with very high resting heart rates and high levels of stress hormones in their blood even when nothing is threatening them. These children are predisposed to interpret others' actions as threatening, and are quick to respond impulsively and aggressively in their own defense.[10] Perry warns: "The most dangerous children are created by a malignant combination of experiences. Developmental neglect and traumatic stress during childhood create violent, remorseless children."[11]

Children who are severely and continually abused or neglected are most likely to become violent criminals

Although surveys report varying numbers, it is clear that a high percentage of criminals were abused or neglected as children. One review of the literature on prior abuse and neglect concluded that approximately half of the youths arrested for delinquency had been abused or neglected earlier in their lives.[12]

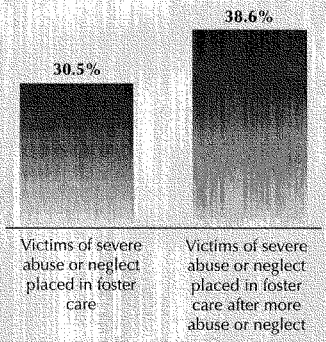
New Jersey Medical School psychologist Dr. Cathy Spatz Widom located individuals who had been abused or neglected as children and compared them to otherwise similar individuals who had no official record of abuse or neglect. By studying the subsequent arrest records and controlling for other demographic risk factors, Dr. Widom found that being abused or neglected almost doubles the odds that a child will commit a crime as a juvenile.[13]

"Developmental neglect and traumatic stress during childhood create violent, remorseless children."

Dr. Bruce Perry

Continued Abuse Creates Violent Criminals

Seriously abused or neglected children left in dangerous homes, who have to be placed in foster care after being re-abused or neglected, are **27%** more likely to become violent criminals than children placed directly in foster care.



English, Widom, and Brandford

The more severe the abuse or neglect and the longer it takes place, the more likely children are to become violent criminals. A recent study conducted in Washington State by Dr. Diana English, Dr. Cathy Spatz Widom, and Carol Brandford looked at children whose abuse or neglect was serious enough that the state legally took over temporary custody of the children from their parents and placed the children directly into foster care. Fully three out of 10 of these children (30.5 percent) were later arrested as juveniles or as adults for at least one violent crime.

The researchers also studied children who had been seriously abused or neglected and were temporarily removed from the legal custody of their parents, but who were not placed directly into foster care. The children who were made wards of the court, but were left in their homes and abused or neglected again, resulting in subsequent foster care placements, were even more likely to grow up to become violent criminals than the children who were immediately placed in foster care.

Almost four out of 10 of these re-abused or neglected children (38.6 percent) became violent criminals.[14] The study is a warning that leaving abused or neglected children in dangerous homes – a far more likely occurrence when adequate numbers of safe foster homes are unavailable – further increases by 27 percent the risk that the children will become violent criminals.

II. Rigid caps on foster care would leave children in dangerous homes

Eliminating the nation's current commitment to help each eligible abused and neglected child, and substituting it with a rigid capped payment to states, would leave many states with a shortfall in funding for foster homes for victims of abuse or neglect.

The numbers of abused or neglected children are likely to increase beyond an inflexible capped federal payment in many states for multiple reasons. Many states, including Oregon, are already facing growing epidemics of methamphetamine use that will inevitably lead to more victims of abuse or neglect. Additionally, states are improving their systems in ways that will increase the number of children identified as needing foster care. If state foster care payments are capped, there would be less funding and that would lead to two possible outcomes. Quality and safety problems with foster homes would increase, endangering the children who are placed in foster care; or many more children who are known to be at high risk of further abuse and neglect would be left in dangerous homes instead of placed in safe foster homes.

The capped foster care payment would decline over time placing more children at risk

The proposed capped payment to states in the legislation by Representative Herger only matches the inflation rate the first year and in real, inflation adjusted numbers, is set to decline in subsequent years.[15] Representative Herger recently acknowledged that when the legislation is re-introduced this year the funding amounts he proposed last year may be cut even further due to budget constraints.[16]

To make matters worse, capped block grants historically are cut over time. According to the Urban Institute:

> The real value of block grant funding tends to diminish over time. A study of five … block grants [from 1986 to 1995] found that the real value of four of them decreased. … A more recent analysis of 11 block grants found that from their establishment to the present, real federal funding fell by an average of 11 percent.[17]

Therefore, even if caseloads stay at current levels, states may soon have insufficient funds to help all of their abused and neglected children. The quality and safety of foster care placements would be jeopardized by lower funding, which would cause qualified foster parents to leave the system, to be replaced, if they are replaced at all, by less qualified foster parents. The lack of high-quality foster care parents or the simple lack of foster homes would mean that many children would face being left in dangerous homes.

Nationally, there was a slight decline overall in foster care caseloads in the last four years for which data are available (1999 to 2003).[18] However, if Representative Herger's proposal had been put in place sometime between the years 1999 and 2003, most states would have faced shortfalls in federal funding:

- More than three-quarters of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003.[19]
- A quarter of the states had increases of over 10 percent in at least one of the four years.[20]
- Six states, including New Jersey and Texas, had caseloads that were at least a third larger in 2003 than they were in 1999.[21]

From 2001 to 2002, Oregon's foster care caseload increased 1.5 percent, and then from 2002 to 2003 the need for foster homes increased an additional 3 percent.[22] As already noted, the number of victims of abuse or neglect increased 15 percent from 2001 to 2003.[23] If in coming years, for any number of reasons, the need for foster home placements increases again in Oregon, or even stays the same, under the Herger proposal federal funding for foster homes would not keep pace and there would not be enough safe homes for the children who need them.

The growing methamphetamine epidemic is increasing the need for foster homes

The need for foster homes is heavily influenced by epidemics of drug abuse. The crack epidemic in America produced a rising wave of abuse and neglect as addicted parents fed their drug habits while neglecting or abusing their children. According to a U.S. Government Accounting Office study of New York City, Los Angeles, and Philadelphia, "The percentage of young foster children estimated to have been prenatally exposed to cocaine increased significantly, from 17 percent in 1986 to 55 percent in 1991."[24]

Oregon experienced its own crisis then. According to a study conducted during that period by Portland State University:

> Oregon's child welfare agency is serving a dramatically increasing percentage of severely abused children. The percentage of children in foster care who have suffered from severe physical abuse rose by 86% and those who have suffered from severe sexual abuse rose by 150% between 1987-1990 and 1991-1993. ... The increase in severe abuse/neglect and the severity of children's problems contribute to a growth in the average daily population of children in foster care, the increasing difficulty in finding suitable foster homes and in maintaining the child in care.[25]

More recently, methamphetamine has been fueling abuse and neglect throughout Oregon. Much of the attention has been focused on children who live in houses where methamphetamine is being produced.

In a January 27th, 2005 article titled "Methamphetamine scourge sweeps rural America," the Reuters news agency reported, "In thousands of cases, people have been caught cooking the highly toxic chemicals in homes where children were present, breathing the poisonous fumes."[26] National Public Radio reported in a story on "Meth Orphans" that when children are removed from these homes they "are scrubbed down and changed into clean clothes. They take nothing with them, no books, no stuffed animals, because everything is contaminated."[27]

The U.S. Drug Enforcement Agency (DEA) reported in its 2005 Oregon fact sheet that Oregon "has a growing number of clandestine methamphetamine laboratories."[28] In a series of articles in The Oregonian, Steve Suo wrote that local small-time producers are not responsible for the bulk of methamphetamine production. Large-scale labs in California and Mexico are responsible for the majority of methamphetamine that is reaching the streets of big cities and small towns throughout the country. The DEA reports that in Oregon methamphetamine from these large labs " continues to flood the market." Unfortunately, Suo reports that currently "the most recent statistics on meth use show the number of addicts is rising, along with drug purity, suggesting the traffickers have found other overseas sources of supply" for the raw materials used to make methamphetamine.[29]

No state may be harder hit by this epidemic than Oregon. Suo's analysis of state drug treatment data showed that Oregon "treats more people for meth addiction per capita than any other state in the country."[30]

Methamphetamine is highly addictive. The National Institutes of Health reports that "Immediately after smoking or intravenous injection, the methamphetamine user

experiences an intense sensation, called a 'rush' or 'flash,' that lasts only a few minutes and is described as extremely pleasurable. Users may become addicted quickly, and use it with increasing frequency and in increasing doses."[31] Parents are exposing children to the drugs if they smoke the methamphetamine; they are also exposing their children to the poverty, conflicts and crime that so often engulf the lives of addicts. Far too often parents simply walk away and leave their children.

Ramona Foley, assistant director for Children, Adults and Families at Oregon's Department of Human Services (DHS), said, "I think if we had some miracle cure, and we no longer had to deal with meth, it would likely reduce the [abuse and neglect] caseloads by at least half."[32] Counties throughout Oregon are overwhelmed. Gary Weeks, director of DHS said, "One reason foster families are getting larger is to absorb the growing number of endangered children, many of them the sons and daughters of meth addicts or alcoholics and many of them facing their own medical or psychiatric problems as a result."[33]

As the system goes beyond capacity, children are being placed in more risky homes. Two recent tragic cases in Clackamas County illustrate this point: one was a 5-year old child who was found bruised and emaciated in an overcrowded and inadequately monitored foster home, and another was a toddler who died of head wounds after the state reunited him with his parents. Both children originally came into the system from homes affected by meth.[34]

If federal funding for foster care is capped, instead of growing to meet the need when drug epidemics hit the state, funding for foster care would erode over time with disastrous results.

Additional factors likely to increase the need for foster homes:

1. Improving efforts to identify abused and neglected children

The Third National Incidence Study of Child Abuse and Neglect, a congressionally mandated study undertaken by the National Center on Child Abuse and Neglect, concluded that the true number of children abused or neglected nationally each year is three times the officially recognized number.[35]

Children First for Oregon, citing the latest data available from the state, released a report in January of 2005 stating:

- Between 1994 and 2003, reports of

The Walk Away Drug:

Before she left, 18-year-old Samantha Zeller stole across the silence of a suburban home and taped a note to her mother's bedroom door.

"I love you, don't worry," she wrote. When Rhonda Zeller awoke, she found her daughter had left something else behind: her 1-year-old son. Samantha reappeared the day he turned 2, only to walk out again while the birthday boy cried for his mother to stay. Each time she left, he would stand at the door screaming, "Mommy, no, don't go, please don't go." She would go anyway. "That's when I knew how horrible this drug must be," Rhonda said. "She loved him more than life."

The drug was methamphetamine. Judges and child-protection workers call it the scourge of parenthood. They label it the "walk away" drug, because that's what parents do.

David Olinger, December 28, 2004,
Meth Crisis Soars in Colorado: Addicted parents neglect or abandon kids, The Denver Post

child abuse or neglect increased by 61 percent.

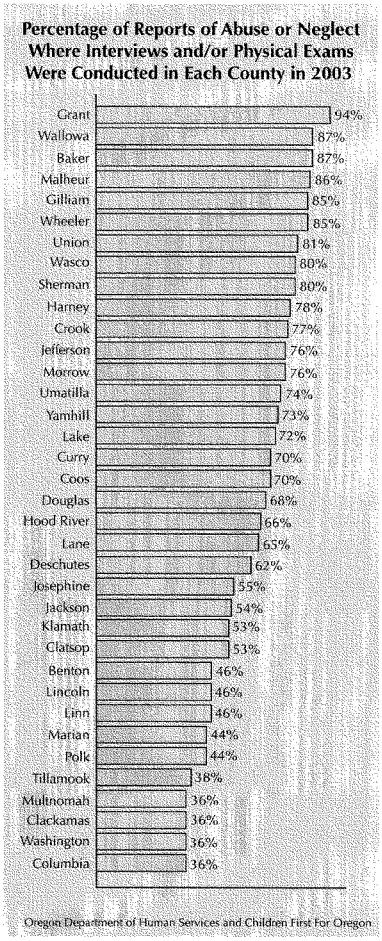
- From just 2001 to 2003, reports of child abuse or neglect are up 17 percent and confirmed cases of abuse or neglect are up 15 percent.
- In 2003, almost half (48 percent) of the reports of children being harmed or at a substantial risk of being harmed received further investigation after the initial intake. The percentage of reports investigated also varied widely by county.[36]

As Oregon improves its ability to fully and more accurately investigate reported cases of abuse or neglect, and increases abuse and neglect education and awareness outreach efforts to doctors, nurses, law enforcement officers, teachers, child care providers, and the general public, more cases of abuse or neglect will be identified. Increases in discovered cases of abuse or neglect would result in the need for more foster homes.

2. Determining that more foster homes are needed to reduce re-abuse or neglect

In 2003, 9,447 Oregon children were confirmed victims of abuse or neglect.[37] The public may typically be unaware that about half of abused or neglected children in Oregon stay with their families.[38]

Some people assume that foster homes are more dangerous than the homes from which children were removed. Except in a few, highly publicized incidents, that is not the case. A federal Child and Family Services Review of Oregon's child welfare system completed in 2001, reported that 6.8 percent of all victims of abuse and neglect in Oregon were re-abused or neglected within six months – typically by the people who originally abused or neglected them. That compares with a rate of abuse or neglect by foster parents over a whole year of three-quarters of one percent (0.8 percent). The abuse rate in foster homes is thus about one-tenth the rate of re-abuse and neglect for all victims of abuse and neglect in Oregon.[39]



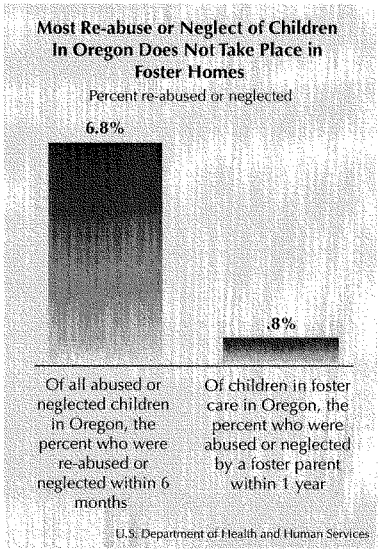
The review noted that in two of the three counties where site reviews were conducted,

shortages of foster homes were reported. Additionally, the rate at which children have to be returned to foster care, because of continuing abuse or neglect after having returned to their families, was reported at 20 percent – more than twice the national standard.[40] That high re-entry rate may indicate that children are sometimes sent back home too soon in order to free up scarce foster care beds for new victims. Addressing the shortage of foster homes in various localities may help Oregon reduce the number of children who are re-victimized.

3. Conducting better outreach to homeless youth

Improved efforts to help homeless youth would increase the need for foster homes. The Citizen's Crime Commission of Portland recently released a report decrying the treatment of the large number of homeless youth in Portland and throughout the state. The report noted that there are an estimated 11,781 incidences of runaways statewide in 2003. Many youth find their way to Portland or other cities in Oregon where they congregate at downtown locations such as Pioneer Square in Portland. The Commission report noted that "The 'street' lifestyle is harmful to the physical and emotional health of our youth and ... the existence of homeless teens is unhealthy for the community, in that it breeds illicit activity and crime, intimidates law-abiding citizens, and is destructive to the livability of the community."[41] The National Network for Youth reports that many homeless youth are fleeing abusive homes and that "across studies of homeless youth, rates of sexual abuse range from 17 to 53 percent, and physical abuse range from 40 to 60 percent."[42]

The Portland commission was particularly critical of the Department of Human Services (DHS) for not providing adequate foster care services to help homeless youth. The report noted that many homeless youths are aging out of foster care without adequate transition services to avoid becoming homeless. Other youth are fleeing foster care or have had their



cases closed too soon, and still need services. Additional homeless youths would be eligible for foster care because of their histories of severe abuse or neglect but have not yet come to the attention of the child welfare system. The report stated that:

> Homeless-agency workers often had to argue with DHS staff, who either refused or were unable to find placements for foster children when they showed up at the 24-hour Access and Reception Center, which assesses the needs of the 1,300 wayward youth brought there each year. ... Child Welfare is aware that it has a dearth of foster beds for teens.[43]

Citizen's Crime Commission Co-Chair James Jeddeloh, President of Perkins & Company, stated, "It's a shameful thing. Washing your hands and closing the case file of a 15-year-old foster kid is continuing the pattern of abuse to that child. Somebody's got to take

responsibility and, at this point, the state needs to step up and do it."[44]

Ramona Foley, DHS assistant director for Children, Adults and Families, acknowledged in The Oregonian that more needs to be done for these homeless youths.[45] Doing so, however, would undoubtedly increase the need for more foster homes in Portland and throughout the state.

Capping foster care could increase the number of youths on the streets

Instead of promoting better care for homeless youth, a capped foster care payment could lead to more children running away from home. Older children will respond to being sent back to abusive or neglectful homes by simply running away. More children escaping harm on their own will further strain the overburdened services for runaway youth, as these abused or neglected children find their way to Oregon's streets. The National Coalition for the Homeless reports that, "Because of their age, homeless youth have few legal means by which they can earn enough money to meet basic needs. Many homeless adolescents find that exchanging sex for food, clothing, and shelter is their only chance of survival on the streets. ... It has been reported that the HIV prevalence for homeless youth may be as much as 2 to 10 times higher than the rates reported for other samples of adolescents in the United States."[46]

III. Capping foster care in exchange for more state flexibility would not prevent abuse or neglect from happening in the first place and risks returning children to their abusers

Evidence shows that the intense need to meet the emergencies of abused and neglected children swamps prevention efforts. There are programs that are effective at preventing child abuse and neglect from happening in the first place, but their success can only be assured with separate, dedicated funding. Without dedicated funding, both efforts to protect children are undermined:

- Abandoning the commitment to children would leave states with not enough or dangerously inadequate foster homes when demand for foster homes rises, leading to higher rates of re-abuse and neglect.
- Not ensuring prevention funding will do nothing to stem the flow of new children into the system.

Prevention could work

Research has shown that in-home parent coaching for at-risk parents before and after the birth of their first child can significantly reduce abuse and neglect. The Nurse Family Partnership program in Elmira, NY randomly assigned at-risk pregnant women to receive in-home visits by nurses or to be in a control group. The nurses coach the expectant mothers in parenting and other skills, continuing until their child is age 2. Children whose mothers were left out of the program were five times more likely to be abused or neglected than children whose mothers received parent coaching. Children of mothers left out had twice as many arrests by age 15 as the children of mothers who received home visits.[47] When this program was later replicated in Memphis, eight of the 465 children in the study whose parents did not receive in-home parent coaching had fractures and/or head trauma requiring hospitalizations, while none of the 206 children whose parents received the program were hospitalized for such injuries.[48] An additional replication underway in Denver has also produced strong results.[49]

There is no question that it is possible to reduce abuse and neglect. Oregon has a Nurse Family Partnership program in Multnomah County and has already set up in-home parent coaching programs around the state utilizing the widely-replicated Healthy Start model.[50] To fully realize the potential of the parent coaching approach, however, the available research shows that much more needs to be

done in Oregon to ensure that all those who need the services are receiving them and that the quality of the programs continues to improve. For example, it is important to continue striving to ensure that, whenever possible, all new parents are enrolled in the program before the birth of their child, and to ensure that every parent coach is highly trained at identifying and helping parents with the problems that are most likely to lead to the abuse or neglect of their children.[51]

Current proposals are unlikely to lead to meaningful declines in abuse and neglect

Unfortunately, under Representative Herger's proposal, large increases in funding to prevent child abuse in the first place ("primary prevention") are unlikely because the day-to-day responsibilities of child protection agencies would not change. Child welfare agencies in Oregon and across the United States are obligated to provide services, monitoring, and care to the children who are already harmed. States need additional money for primary prevention to stop abuse and neglect from happening in the first place, because they will not be able to redirect significant amounts of funding from children already abused or neglected. A study by the U.S. Government Accountability Office (GAO) confirmed that unless federal funding is specifically directed at primary prevention efforts, it goes overwhelmingly for those who are already victims of abuse and neglect.[52]

Oregon is now facing financial pressure to cut the state's own commitment to in-home parent coaching of at-risk parents. Without a more concerted effort to directly fund primary prevention efforts, the goal of reducing abuse and neglect is unlikely to be realized under the current proposals.

Improvements in assessing the needs of children who are already abused and neglected and providing them and their caregivers with necessary services are wise investments.[53] Those changes are needed to help the children heal, to prevent more re-abuse and neglect, and to prevent the harm that has already been done from spreading to the broader community through increased crime and violence. However, since the number of children abused or neglected again is a relatively small portion of all the cases of abuse and neglect that take place each year, improving the treatment of those already abused and neglected will not lead to large declines in overall abuse and neglect. The treatment of already abused and neglected children must not come at the cost of abandoning the commitment to children by capping foster care funding. It is unacceptable to leave children in dangerous homes when the need for foster care increases. Capping foster care funding cannot be considered a responsible option.

IV. Conclusion: Abandoning the national commitment to provide abused or neglected children with safe foster homes would increase violent crime

Abandoning the national foster care commitment to Oregon's abused and neglected children threatens that there will not be enough safe foster homes when these children need them. If the support for children needing foster care is capped, when demand for foster homes goes up either the quality and safety of foster homes will be jeopardized, or more children will be returned to dangerous homes. Research shows that returning severely abused or neglected children to unsafe homes can lead to 27 percent more of the children becoming violent criminals if they later have to be placed in foster care. This is not just a tragedy for the abused and neglected children; it places our communities at increased risk from violent crime. The law enforcement leaders and crime victims who make up FIGHT CRIME: INVEST IN KIDS *OREGON* cannot support such a risky abandonment of our long-standing national commitment to abused and neglected children.

Endnotes

[1] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org
[2] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org
[3] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004, August). *Foster Care FY1999 - FY2003 entries, exits, and numbers of children in care on the last day of each federal fiscal year.* http://www.acf.hhs.gov/programs/cb/dis/tables/index.htm
[4] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org
[5] Widom, C. S. (2000). *Childhood victimization: Early adversity, later psychopathology.* Retrieved from the National Criminal Justice Reference Service Web site: www.ncjrs.org/pdffiles1/jr000242b.pdf. Individuals not abused or neglected as children were 40 percent more likely to be employed, and 50 percent more likely to have stable marriages.
[6] Widom, C. S. (2000). *Childhood victimization: Early adversity, later psychopathology.* Retrieved from the National Criminal Justice Reference Service Web site: www.ncjrs.org/pdffiles1/jr000242b.pdf.
[7] Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind, 3,* 79-100.
[8] Perry, B. D. (2002). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. ChildTrauma *Academy Press, 3,* 1-30.
[9] Widom, C. S. (1991). Avoidance of criminality in abused and neglected children. *Psychiatry, 54,* 162-174.
[10] Perry, B. D., Pollard, R., Blakely, T., Baker, W., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal, 16*(4), 271-291.
[11] Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the 'cycle of violence.' In J. Osofsky (Ed.), *Children in a Violent Society* (pp. 124-148). New York: Guilford Press.
[12] Zingraff, M. T., Leiter, J., Johnsen, M. C., & Myers, K. A. (1994). The mediating effect of good school performance on the maltreatment-delinquency relationship. *Journal of Research in Crime and Delinquency, 31*(1), 62-91.
[13] Widom, C. S. (2000). *Childhood victimization: Early adversity, later psychopathology.* Retrieved from the National Criminal Justice Reference Service Web site: www.ncjrs.org/pdffiles1/jr000242b.pdf
[14] English, D.J., Widom, C.S., & Brandford, C. (2003, February 1). *Childhood victimization and delinquency, adult criminality, and violent criminal behavior: A replication and extension, final report.* (NCJRS document number 192291). Washington, DC: U.S. Department of Justice.
[15] The current increase in funding for the Herger bill (H.R. 4856 introduced last year)
barely meets the inflation rate in the first year and in subsequent years the increases in funding will be smaller every year while the inflation rate is likely to stay the same or increase. Therefore, the shortfall in funding in real dollars is anticipated to grow each year.
[16] Herger, W. (2005, February 25). Letters to the Editor: More to the story on child-welfare bill. *The Des Moines Register,* p.12A. "Given this year's tight budget, it still might not be possible to provide the same level of increases that were proposed by my bill last year."
[17] Finegold, K., Wherry, L., Shardin, S., (2004, April). *Block grants: Historical overview and lessons learned,* Urban Institute, Washington, D.C.; with references to two studies: Peterson, G. E., & Smith Nightingale, D. (1995). *What do we know about block grants?* Washington, DC: The Urban Institute; and, Sard, B., & Fischer, W. (2003). *Housing voucher block grant bills would jeopardize an effective program and likely lead to cuts in assistance for low-income families.* Washington, DC: Center on Budget and Policy Priorities.
[18] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004, August). *Foster Care FY1999 - FY2003 entries, exits, and numbers of children in care on the last day of each federal fiscal year.* Retrieved from http://www.acf.hhs.gov/programs/cb/dis/tables/entryexit2002.htm
[19] The figure in this bullet is for states that had at least a 1% increase in a given year. If the figure were calculated for states having any increase at all, 41 of 52 states would have qualified.
[20] This figure in this bullet did not include states with over 20% increases in caseloads for any year because the Herger bill is expected to allow states to be reimbursed if their caseloads grow above 20% in one year.
[21] The figures for all three bullets are from the U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004, August). *Foster Care FY1999 - FY2003 entries, exits, and numbers of children in care on the last day of each federal fiscal year.* Retrieved from http://www.acf.hhs.gov/programs/cb/dis/tables/entryexit2002.htm
[22] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004, August). *Foster Care FY1999 - FY2003 entries, exits, and numbers of children in care on the last day of each federal fiscal year.* Retrieved from http://www.acf.hhs.gov/programs/cb/dis/tables/entryexit2002.htm
[23] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org
[24] United States Government Accounting Office. (1994, April). *Foster care. Parental drug abuse has alarming impact on young children.* Retrieved from www.gao.gov/cgi-bin/getrpt/HEHS-94-89
[25] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2002, April 3). *Child and family service review: Oregon.* Retrieved from http://www.acf.hhs.gov/programs/cb/cwrp/executive/or.htm
[26] Elsner, A. (2005, June 27). *Methamphetamine scourge sweeps rural America.* Retrieved from Reuters Foundation Web site http://www.alertnet.org/thenews/newsdesk/N14604124.htm
[27] Hartman, L. (July 8, 2004). *Drug plague in rural U.S. creating 'meth' orphans,* National Public Radio. Retrieved from http://www.npr.org/templates/story/story.php?storyId=3226031
[28] U.S. Drug Enforcement Administration. (2004, February). *Oregon state facts, 2004.* Retrieved from http://www.usdoj.gov/dea/pubs/states/ohio.html
[29] Suo, S. (2004, October 3). Unnecessary epidemic. *Portland Oregonian.* Retrieved from http://nl.newsbank.com/nlsearch/we/Archives?p_action=list&p_top-doc=21&p_maxdocs=220
[30] Suo, S. (2004, October 3). Unnecessary epidemic. *Portland Oregonian.* Retrieved from http://nl.newsbank.com/nlsearch/we/Archives?p_action=list&p_top-doc=21&p_maxdocs=220
[31] National Institute on Drug Abuse. (2004, June). *NIDA info facts: Methamphetamine.* Retrieved from http://www.nida.nih.gov/Infofax/methamphetamine.html
[32] Denson, B., & Austin, D. (2004, December 26). Child welfare crisis only worsening. *The Oregonian.* Retrieved from http://nl.newsbank.com/nlsearch/we/Archives?p_action=list&p_top-doc=21&p_maxdocs=220
[33] Denson, B., & Austin, D. (2004, December 26). Child welfare crisis only worsening. *The Oregonian.* Retrieved from http://nl.newsbank.com/nlsearch/we/Archives?p_action=list&p_top-doc=21&p_maxdocs=220
[34] Denson, B., & Austin, D. (2004, December 26). Child welfare crisis only worsening. *The Oregonian.* Retrieved from http://nl.newsbank.com/nlsearch/we/Archives?p_action=list&p_top-doc=21&p_maxdocs=220
[35] According to a discussion published by the Child Welfare League of America, "The Third National Incidence Study of Child Abuse and Neglect, conducted in 1995, estimates that the real incidence of

abuse and neglect may be three times greater than the numbers reported to authorities." Child Welfare League of America. (2002). *Child protection frequently asked questions.* Retrieved from http://www.cwla.org/programs/childprotection

[36] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org

[37] Children First for Oregon. (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org

[38] In 2003 the federal government reports, using it's AFCARS database, that 5,158 children were placed in foster care in Oregon. An unspecified number of those children were not official cases of abuse or neglect. There were 9,447 confirmed cases of abuse or neglect for 2003 according to the latest numbers from Oregon's Department of Human Services. Without adjusting for non-victims of abuse or neglect in foster care, the percentage of children placed in foster care would therefore equal 55 percent of the victims in the state that year. In 2002, the federal government reported that 43.2 percent of victims of abuse or neglect in Oregon were removed from their home, but the NCANDS database used to derive that estimate is often considered less reliable than the AFCARS numbers, though the NCANDS number does not include children in foster care for reasons other than abuse or neglect. U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004, August). *Foster Care FY1999 - FY2003 entries, exits, and numbers of children in care on the last day of each federal fiscal year.* Retrieved from http://www.acf.hhs.gov/programs/cb/dis/tables/entryexit2002.htm; *Children First for Oregon.* (n.d.). *The status of Oregon's children.* Retrieved from http://www.cffo.org; U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004). *Child maltreatment 2002.* Retrieved from http://www.acf.hhs.gov/programs/cb/publications/cmreports.htm

[39] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2004). *Child maltreatment 2002.* Retrieved from http://www.acf.hhs.gov/programs/cb/publications/cmreports.htm

[40] U.S. Department of Heath and Human Services. Administration on Children, Youth, and Families. Children's Bureau. (2002, April 3). *Child and family service review: Oregon.* Retrieved from http://www.acf.hhs.gov/programs/cb/cwrp/executive/or.htm

[41] Citizens Crime Commission. (n.d.). *Citizens Crime Commission. Homeless Youth Prevention Task Force October 2003—October 2004.* Retrieved from http://www.pdxccc.org/reports.php

[42] Robertson, M., & Toro, P. (n.d.). *Homeless Youth: Research, Intervention, and Policy.* Retrieved from The National Network for Youth and Volunteers for America web site http://www.nn4youth.org/site/PageServer?pagename=policy_facts#2003Reauthorization 2003Reauthorization. The conclusion they reached in the quote is based on this citation: Robertson, M., & Toro, P. "Homeless Youth: Research, Intervention, and Policy. Fosburg, L. and Dennis, D. (Eds.), *Practical Lessons: The 1998 National Symposium on Homelessness Research.* Delmar, NY: National Resource Center on Homelessness and Mental Illness.

[43] Citizens Crime Commission. (n.d.). *Citizens Crime Commission. Homeless Youth Prevention Task Force October 2003—October 2004.* Retrieved from http://www.pdxccc.org/reports.php

[44] Robert, M. (2004, October 31, 2004). State slips put teens on street. *The Sunday Oregonian,* p.D01.

[45] Robert, M. (2004, October 31, 2004). State slips put teens on street. *The Sunday Oregonian,* p.D01.

[46] National Coalition for the Homeless. (1999, April). *Homeless youth. NCH factsheet #11.* Retrieved January 5, 2005 from http://www.nationalhomeless.org/youth.html

[47] Olds, D.L. (1998). Long-term effects of nurse home visitation on children's criminal and anti-social behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 280*(14), 1238-1244.

[48] Olds, D., Henderson, C., Eckenrode, J. (2002). Preventing child abuse and neglect with prenatal and infancy home visiting by nurses. In K. Browne, H. Hanks, P. Stratto, & C. Hamilton (Eds.), *Early prediction on prevention of child abuse: A handbook.* London: John Wiley & Sons.

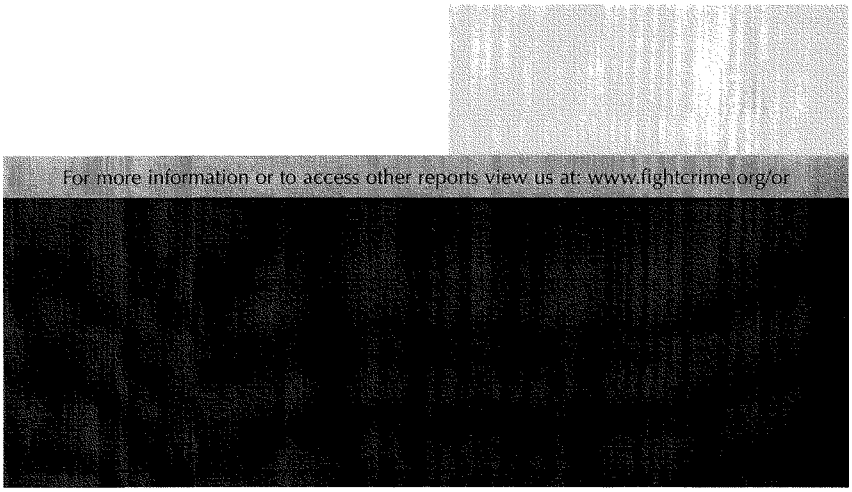
[49] Olds, D., Robinson, J., Pettitt, L., Luckey, D.W., Holmberg, J., Ng, R.K., et al. (2004). Effects of home visits by paraprofessionals and by nurses: age 4 follow-up. Results of a randomized trial. *Pediatrics, 114,* 1560-1568.

[50] Green, B.L., Mackin, J.R., Tarte, J., Cole, R.T.M., & Brekhus, J. (2003, January). *Healthy Start of Oregon 2001-2002 status report.* Portland, OR: NPC Research. The Healthy Start model used in Oregon is based on the Healthy Families model that is practiced in many states throughout the United States.

[51] Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S.M., Windham, A., Sia, C. (2004). Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. *Child Abuse and Neglect,* 597-622; Duggan, A., Fuddy, L., Burrell, L., Higman, S.M., McFarlane, E., Windham, A., Sia, C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: impact in reducing parental risk factors. *Child Abuse and Neglect,* 623-643; Wagner, M., Spiker, D. (2001). *Multisite parents as teachers evaluation: Experiences and outcomes for children and families.* SRI International. Olds, D. L., Robinson, J., O'Brien, R., Luckey, D. W., Pettitt, L. M., Henderson, D.R., Ng, R. K., Sheff, K. L., Korfmacher , J., Hiatt, S., Talmi, A. (2002, September 3). Recent research shows that in order to achieve the full potential of the field, not only will home visiting programs need to reach more at-risk parents, but they will probably need to continue improving the quality of their programs. For example, they may need to reach most parents before the birth of their child and reach them with fully trained coaches who are experts at both identifying risk factors for abuse and neglect and in helping families overcome those risk factors. The field is well served by excellent research, and programs are constantly evolving to fully benefit from that on-going research.

[52] U.S. Government Accounting Office. (2003, September). *Child welfare: Enhanced federal oversight of Title IV-B could provide states additional information to improve services.* (GAO-03-956). Washington, D.C.: Author.

[53] The experiment with a waiver in Oregon showed that it is possible to make important changes in the child welfare system that can likely lead to less disruption in children's lives – though continuing study is needed to confirm these changes can be done safely and cost-effectively. But that does not remove the concern that in Oregon and around the country, capping foster care is an unwise, and unnecessary move. If changes in how children are served lead to no need for increased funding for foster care placements or even in eventual reductions in the need for funding, that is welcome news. But if conditions suddenly change – due to drug epidemics or other unpredictable causes – and the need for foster care homes goes up, as has repeatedly happened in the past, children should simply never be told there is not enough money to pay for a safe home for them. It is and will continue to be unacceptable to have to return children to the people who severely beat, starved or raped them. See: Lehman, C., Liang, S., O'Dell, K., Duryea, M. (2003, March). *Evaluation of Oregon's Title IV-E Waiver Demonstration Project.* Child Welfare Patnership. Portland University: Portland, OR.


For more information or to access other reports view us at: www.fightcrime.org/or

Mr. SOUDER. Before letting you go, I want to ask you a couple of quick questions.

Mr. EVINGER. I understand.

Mr. SOUDER. Do you use Byrne money through your office.

Mr. EVINGER. We do not get any Byrne money through our office. The city police in our jurisdiction area in Klamath Falls gets about $30,000.

Mr. SOUDER. Does that go into the community drug task force?

Mr. EVINGER. Very interesting. Prior to my administration, the city had their own drug team. The State police and the sheriff's office had their own drug team. We had two separate drug teams working in the same town. We have now combined those, and we use those Byrne moneys, is what they are, that $30,000, and have combined our efforts.

And it's very difficult because we're not able to go after some of the bigger cases. We're just taking care of the neighborhood problem. We can only spend $200, $250, generally, on a buy or walk money.

Mr. SOUDER. Do you get any COPS grant money?

Mr. EVINGER. We do. We're on our last year of COPS grants, and it was Homeland Security based.

Mr. SOUDER. That was going to be my next question. The administration testified to this committee that they had moved some of the money that was Byrne and COPS money over to Homeland Security.

If you had your choice, would you rather have it for Homeland Security, or would you rather have it for narcotics, or would you like to have the flexibility?

Mr. EVINGER. The flexibility is very good, based on what problems we're facing at the time. And I think, I truly think that they're interrelated.

Mr. WALDEN. You might point out for the chairman the issue with Bly.

Mr. EVINGER. The Congressman refers to Bly, OR, which in 1999 was identified as a place where terrorists were setting up a training camp, and several have been indicted and one already convicted, and waiting for extradition from London on one of them now to face charges on setting up that terrorist training camp in eastern Klamath County.

Mr. SOUDER. Did you use any of your funds for that, or was that predominantly then Federal that came in?

Mr. EVINGER. We got the Homeland Security money in a 3-year stepdown that partially funded two deputies. And we have addressed critical infrastructure and extra patrols with that money at this time.

Mr. SOUDER. And do you feel—I mean, this is what we have to deal with all the time is a tradeoff. And in the Homeland Security Committee there is a big question, in my district and elsewhere, as was alluded to in the first panel and as Elijah Cummings, our ranking member, says, we're always talking about the cost, quite frankly, we had 20,000 people die in the United States last year in narcotics, and we've had 60,000, to 80,000 since September 11th.

And yet we have diverted funds to address those infrastructure needs because of the potential risks of a catastrophe. Yet a terrorist

camp like that, that's really a little bit different than the way you said you used your dollars.

And infrastructure in my cities and they're trying to figure out how to address the power plants, how to do this, long-term there's no question, we have to work these through. But these are the day-to-day tradeoffs we're making right now. And if you had that money, would you have used it on meth, or would you have used it on infrastructure, if you had that flexibility?

Mr. EVINGER. I believe today I would apply it to the meth battle. I used to have two representatives on the inter-agency drug team, of which I had to pull one back to try to remain whole to meet the hiring requirements that were associated with the COPS grant to deal with the calls for service, so I'm supplanting.

Mr. SOUDER. Thanks. Those are tough questions. I appreciate you being direct. Anything else you want to add?

Mr. WALDEN. (Shook head negatively).

Mr. SOUDER. Good luck on getting back.

Mr. EVINGER. Thank you.

Mr. SOUDER. We now go to Ms. Ashbeck.

STATEMENT OF KAREN ASHBECK

Ms. ASHBECK. Chairman Souder, Congressman Walden, and the rest of the panel, I'm Karen Ashbeck. And I'm here today to testify as to how——

Mr. WALDEN. Can you hear her in the back? I'm not sure that wireless mic really functions unless you're right on it.

Ms. ASHBECK. Can you hear me now?

Mr. WALDEN. There you go.

Ms. ASHBECK. My name is Karen Ashbeck, and I'm here today—I guess I addressed you earlier, so may I do that again.

Chairman Souder, Congressman Walden, and the rest of the panel, I'm here today to testify as to how the blast of meth has left a hole in my family. I'm a great grandmother raising my great grandson. I gained custodial guardianship of him when he was 16 months old.

His mother—excuse me—my granddaughter, was deep into the throes of meth, as well as my daughter. Neither were able to care for him and meet his needs. My granddaughter was arrested many times, booked and released.

She refers to meth as the beast. It has a hold on her, and she knew the only way that she could get away from it was to be locked up. She also knew that with the matrix system, she would just be booked and released. Eventually she was jailed several months. Getting locked up was the only way she was able to escape the hold meth had on her.

She was sent to Ontario, OR, for drug rehabilitation twice. The first time they kicked her out, as she was not ready to be serious about her recovery. When she returned, she joined the work release program.

My grown daughter lost everything she owned; her car, her furniture, her history, her memorabilia, everything, because of her addiction to meth. I drove by her on the street 1 day, and she was pulling a little red wagon behind her with all her worldly belong-

ings in that wagon. I can tell you, watching her broke my heart. All I could do is drive by.

Tough love is hard. Separating emotional feelings from rational reasoning is necessary for emotional survival. Having a good support system is crucial. Faith, family, and friends sustained me through the hard times.

My grandson was exposed to alcohol and drugs in vitro and some environmental exposure after he was born. We don't know yet what the ramifications of that exposure will be on his development. So far, aside from his asthma and allergies, my grandson is on track developmentally for a 5-year old.

My daughter and granddaughter, both clean now, continue to fight the methamphetamine battle. There are many others who are fighting this same battle. Where do they go from here? How do they regain what they have lost? They know how to cook meth, but do they know how to cook spaghetti? Can they fill out a job application? Can they re-enter society without the social skills they need to survive? Do they know where to access community resources to assist them in their lives? Do we just write them off and say, "You made your choice, now stay the hell out of my life?"

Some in society, including some family and friends, would say yes. Meth had a domino effect on their family and their friends.

I asked my granddaughter what she regrets most due to her addiction to meth. "I regret that I abandoned my son and lost the maternal bond that a mother should have with her child."

What would have made the difference to get you to stop using? In her case, she answered, "getting locked up sooner."

My story is not unique when it comes to how methamphetamine affects family. There are many stories similar to mine. Most, I imagine, are too embarrassed or have feelings of guilt to tell their story. I have some case history. I'll hit a couple of them. The names are changed.

Brenda, a 22-year-old mother of two who is raising her two younger brothers. She gained custody of them because her mother is addicted to meth and cannot care for them. Brenda is challenged not only with the responsibility of the boys, but also with the responsibility of finding a job and attending school. Juggling is not her forte.

Brenda's mother is 42 years old. She looks 80, due to the drug. Brenda's dream is to have a mother-daughter relationship some day. She has never known her mother to be clean. Brenda has never used drugs. What does Brenda's future look like?

Julie is a 23-year-old mother of two boys. She was raped when she was 12 years old by a family friend and became a mother at 13 years old. She adopted her sister's two little girls, as her sister and mother were practicing addicts.

Julie is now caring for her 46-year-old mother since her mother suffered a stroke due to excessive drug use. She is fighting for custody of the children in a divorce battle. Julie does not have a formal education but maintains a fairly good job. Her sister is now pregnant with another baby. What does Julie's future look like?

Mary and Frank gained custody of their grandson when he was 2 years old. He walked on all fours and ate out of a bowl on the

floor. His mother was hooked on meth and neglected his needs because of her need for meth.

He is 4 years old now, and through hours, days, and years of care, is a much healthier child. He occasionally reverts back to walking on all fours. What does their future look like?

Becky is a Native American foster mom caring for a 4-month-old meth baby. She has four children of her own. She hopes to adopt this child into her family. There's a great need for more foster homes in the Native American community. What does the future hold for these babies?

George is a retired Native American grandpa who has his two young grandchildren, as their mom is running. This has happened several times. Mom has a difficult time staying clean. What does the future look like for them?

These are only a few of the stories of how meth has affected families in our area. I applaud the efforts of our local, State, and Federal Government for recognizing the importance of combating the menace of methamphetamine. I have accessed the help of our local city police sheriff and State police in waging my own war in fighting this menace.

I thank them now for their support and continued concern for the families that are affected by meth. Thank you.

Mr. SOUDER. Thank you.

Next, Sheriff Trumbo.

STATEMENT OF JOHN TRUMBO

Mr. TRUMBO. With your permission, Chairman Souder, I'll just hit the high spots of this.

Mr. SOUDER. Thank you. And we'll put all of your full statements into record.

Mr. TRUMBO. Chairman Souder, Congressman Walden, I'm John Trumbo, sheriff of Umatilla County, OR. I have 33 years of law enforcement experience, the last 9 years as sheriff. I am currently a member of the Governor's Methamphetamine Task Force and a board member of the Blue Mountain Enforcement Narcotics Team.

As adults, we recognize things fall into two categories, needs and wants. Our wants can be tabled until extra time and money are available. Our human needs, the physical, mental, and moral necessities of survival cannot wait for available time and money. This is why we're here today.

Our human needs need to be met now. The use and abuse of methamphetamine affects more than just the abuser. The indirect costs to our citizens are even greater than the direct costs. Abusers must burglarize and steal, including identities, to support their habits.

When a citizen becomes a victim, law enforcement steps in to investigate the crime. The case may be solved, however many times the victims may not get their property returned. In the case of identity theft, the victim's good credit rating may suffer.

When the suspect is arrested, they will be lodged in jail. Normally the defendant will receive a court appointed attorney. The District Attorney's Office will be required to prosecute the offender. A trial will be held to determine guilt or innocence, and if found guilty, the offender is incarcerated in a State-operated correctional

facility for a prescribed period of time or placed on supervised probation.

Many offenders have families that require State assistance to cover food, housing, and medical costs. A portion of these costs associated from the original complaint until such time as the offender is released from supervised custody must be covered by the original victim. With this scenario, the victim becomes an unwilling victim again.

Insurance companies are also indirect victims of meth abuse. When a claimant suffers a loss, the insurance company steps in to cover the financial loss. At some point, those costs are seen as higher insurance rates. The original victim may become a victim for the third time.

I believe local law enforcement in Oregon needs four things from the Federal Government: No. 1, restrictive and enforceable laws for meth production and use. This would include, but not be limited to, severely restricting the importation of pseudoephedrine and pseudoephedrine-based products from outside the United States.

No. 2, financial support in order to carry out our public safety mission. HIDTA grants are very much appreciated and will certainly go a long ways toward fighting the war or drugs. Locally, we also depend heavily on Byrne grant funds. The Byrne grant fund program must be renewed as well as serious consideration be given to increasing individual awards.

Additional resources need to be made available for treatment services so we can break the cycle of addiction. Law enforcement does not have the resources to continually deal with the same individuals on the same drug-related issues. In many instances, even those individuals who no longer are involved in the illegal drug culture suffer from mental illnesses brought on by their previous activities.

No. 3, the Drug Enforcement Administration needs to be taking a more active role in the local war on drugs. Illegal drug activity has no geographical boundaries, and an occasional appearance from a DEA agent is not sufficient to successfully track the larger suppliers of methamphetamine. An active DEA presence will also allow us to develop cases that will be prosecuted in Federal court.

The U.S. Attorney's Office in Oregon is aggressively attacking the meth problem by prosecuting violations of the Federal law. Their willingness to prosecute violations of Federal drug law, as well as related crimes, is only tempered by their inability to do so adequately because of inadequate financial support.

No. 4, Eastern Oregon needs a minimum of a half- time U.S. Attorney and preferably a full-time prosecutor. For the most part, a violation of Federal law has consequences that are much more severe than Oregon provides. Locally, people in the drug culture are not naive to our inability to punish violations of Oregon law as prescribed by State statute.

We need to send a clear and convincing message for those who continue to proceed with their illegal behaviors; there is an end to the road, a Federal prison if you violate a Federal law.

This menace called meth is slowly destroying our quality of life. The cure is not cheap or painless. The solutions to the problem will no doubt be unpopular with some citizens who are not directly af-

fected. We are in a crisis. Our lawmakers in Washington, DC, must provide leadership and financial assistance. They must pass laws to directly address the issue.

Officials on all levels must understand that what is affecting us in the rural areas is the same plight that is affecting the urban areas of the United States.

As we say in Eastern Oregon, it's time to cowboy up and do what's right and do what is necessary. Thank you.

[The prepared statement of Mr. Trumbo follows:]

John A. Trumbo, Sheriff
Umatilla County

4700 NW Pioneer Place ★ Pendleton, OR 97801 ★ Ph: 541-966-3600 ★ Fax: 541-278-5496

October 14, 2005

"Stopping the Methamphetamine Epidemic:
Lessons from the Pacific Northwest"

Written Statement for the Record

Prepared by Sheriff John Trumbo for the Subcommittee on Criminal Justice, Drug Policy and Human Resources

Chairman Souder, Congressman Walden, and distinguished members of the panel, I'm John Trumbo, Sheriff of Umatilla County in the State of Oregon. I have 33 years of law enforcement experience, the last nine as Sheriff. I am currently a member of the Governor's Methamphetamine Task Force, and a Board Member of the Blue Mountain Enforcement Narcotics Team.

Will Rogers once said, "If you find yourself in a hole, stop digging." I'm here today to tell you we are in a hole, however, we'd better not stop digging. I feel that methamphetamine production and it's use, has created a large hole in what we previously have known as the safety and security of our homes, families and the communities we live in. I suspect that in most cases Will Rogers is correct, but in this case we are in a hole that we'd better keep fighting to get out of.

As adults we recognize that all things fall into two categories: needs and wants. Our wants can be tabled until extra time and money are available. Our human NEEDS, the physical, mental and moral necessities of survival cannot wait for available time and money. This is why we are here today, our human needs, need to be met now. Hopefully at the conclusion of today's activities, you will have a better understanding of this menace called meth and the direct and indirect affect it is having on our lives today.

The use and abuse of methamphetamine affects more than just the abuser. The indirect costs to our citizens are even greater than the direct costs. Abusers must burglarize and steal

items, including your identity, to support their habits. When a citizen becomes the victim, law enforcement steps in to investigate the crime. The case may be solved, however, many times the victim may not get their property returned. In the case of identity theft, the victim's credit rating may suffer.

When the suspect is arrested, they will be lodged in jail. Normally the defendant will receive a court appointed attorney. The District Attorney's Office will be required to prosecute the offender. A trial will be held to determine guilt or innocence. If found guilty, the offender is incarcerated in a State operated correctional facility for a prescribed period of time, or placed on supervised probation. Many offenders have families that require state assistance to cover food, housing and medical care. A portion of the costs associated from the original complaint until such time as the offender is released from supervised custody must be covered by the original victim. With this scenario, the victim becomes an unwilling victim again.

Insurance companies are also indirect victims of meth abuse. When a claimant suffers a loss, the insurance company steps in to cover the financial loss. At some point, those costs are seen as higher insurance rates. The original victim may become a victim for the third time.

I believe local law enforcement in Oregon needs four things from our Federal Government.
1) Restrictive and enforceable laws for meth production and use. This would include, but is not limited to, severely restricting the importation of pseudoephedrine and pseudoephedrine based products from outside of the United States and establishing uniformity with every state in the dispensing of pseudoephedrine based products.

2) Financial support in order to carry out our public safety mission. HIDTA grants are very much appreciated and will certainly go a long way towards fighting the war on drugs. Locally we also depend heavily on Byrne grant funds. The Byrne grant fund program must be renewed as well as serious consideration be given to increasing individual awards.

Additional resources must be made available for treatment services so we can break the cycle of addiction. Law enforcement does not have the resources to continually deal with the same individuals on the same drug related issues. In many instances even those individuals who no longer are involved in the illegal drug culture suffer from mental illness that was brought on by their previous activities. In many cases, law enforcement personnel are not trained to a sufficient degree to deal with the mentally ill person. Nor do we have the resources to wait

with a mentally ill subject until a trained mental health professional can conduct an evaluation and take appropriate action.

3) A more active role from The Drug Enforcement Administration in the local war on drugs. Illegal drug activity has no geographical boundaries and an occasional appearance from a DEA agent is not sufficient to successfully track the larger suppliers of methamphetamine. An active DEA presence will also allow us to develop cases that will be prosecuted in federal court.

4) Eastern Oregon needs a minimum of a half time U.S. Attorney and preferably a full time prosecutor. The United States Attorney's Office in Oregon is aggressively attacking the meth problem by prosecuting violations of federal laws. They're willingness to prosecute violations of federal drug laws as well as related crimes, is only tempered by their inability to do so adequately because of inadequate financial support. For the most part, a violation of federal law has consequences that are much more severe than the State of Oregon provides. Locally, people in the drug culture are not naive to our inability to punish violations of Oregon laws as prescribed by state statute. We need to send a clear and convincing message to those who choose to continue with their illegal behavior. There is an end of the road, a federal prison if you violate a federal law.

This menace called meth is slowly destroying our quality of life. The cure is not cheap or painless. The solutions to the problem will no doubt be unpopular with some citizens who are not directly affected. We are in a crisis, our law makers in Washington D.C. must provide leadership and financial assistance. They must pass laws that directly address the issues. Officials at all levels must understand that what is affecting us in the rural areas is the same blight that is affecting the urban areas of the United States. As we say in North Eastern Oregon, it's time to "Cowboy Up".

Mr. SOUDER. Cowboy up. We haven't had that yet in any of our hearings.

Mr. WALDEN. And then let 'r' buck.

Mr. SOUDER. Mr. Jones.

STATEMENT OF RICK JONES

Mr. JONES. Thank you, Chairman Souder, Congressman Walden. It's a privilege to be here today. When I was writing this up, I've never really written testimony for Congress before. So, you know, I have a one-page rule. So I thought I'd hit the highlights.

I've been in the substance abuse treatment arena for over 30 years, just close to 30 years in Southern Oregon. I grew up in Klamath Falls. Spent a decade, actually, using substances when Tim was a law enforcement officer. I guess he's only been there about 17 years.

But my stepfather is actually a retired police officer over there. And we actually get together and tell war stories every once in a while.

So I think it's real clear, I'd like to make it clear that I grew up in Southern Oregon, and I know something about the drug culture over the years. In 1975, 1976, I ended up in law enforcement's hands as a result of methamphetamine and heroin, and was given a prison sentence in lieu of—a suspended prison sentence.

Instead, I got to go to treatment in Portland. And I went to a treatment program, residential program, where I spent 18 months, live-in, at 19 years old. And I'm really pleased to say that I'm still clean and sober as a result of that today.

And I'll be 50 years old here in January also. I'm not pleased to say that I have a defibrillator, I've had three heart attacks, and my health is not good. I have hepatitis C as a result of methamphetamine and heroin addiction. And so my discussion really covers a lot of ground.

One of the reasons I like—the title of my presentation was "A Nudge from the Judge." I like to refer to Drug Court as a nudge from the judge, because I think in my career, rarely does anybody ever walk through the doors and say, "Gee, I went down to McDonald's and had some orange juice and an Egg McMuffin, and I just thought I'd get some help for my meth addiction today."

You know, they come to me because somebody said, "Get over there," whether that could be the judge, the DA, the sheriff, their mother, somebody brings them through the door. We need that leverage with this addiction particularly.

I also come here highly qualified in that I've raised a couple of kids as best I could who still decided to test the waters with methamphetamine. My oldest daughter has done two terms at Coffee Creek Prison for Women for identity theft. Actually, the first time she went was for racketeering because she was so involved in the identity theft and checks and those kind of things.

My youngest daughter actually tested positive early in her addiction when she was pregnant, and the doctor told her to go into residential treatment. She did, and she's still clean. And I have a bouncing 3-year-old grandson as a result of that.

I have a 10-year-old grandson who lives in my home and has off and on since he was 6 months old because of his mother's addiction. Fortunately, he's just keeping me young.

I began my career in the treatment business in Klamath Falls in long-term residential treatment; long-term meaning 90 days, and then graduated over the years through—into the medical model and into short-term outpatient treatment, and I actually started the detox sobering unit in Jackson County back in the 1990's.

I've worked in a lot of different settings. And I think one of the things that we have run into when it comes to methamphetamine is real bad timing, because treatment has changed because of money. We're under the gun to provide shorter treatment, less treatment, you know, quicker treatment.

You know, it's supposed to have a beginning and an end and all these things that go on in the treatment arena, and what's come out recently—and I thought, actually, Eric Martin was going to be here. I heard rumors he was going to be in Pendleton today. Eric Martin is director of the Addiction Council Certification Board of Oregon and has become one of the leading trainers of methamphetamine, as far as I'm concerned, in the country.

And the information that we're getting about the brain effects of meth addicts, even short-term use, is incredible to us in the treatment arena, because, you know, we've been telling people to quit using for decades. And what we find out is that the drug really messes up the part of the brain that says I don't remember what you tell me from day to day.

And so in the treatment arena we've really had to become more of a hand holding organization, to some degree, where we actually call people up and remind them that they have an appointment, and give them a calendar their first assessment, and maybe do their assessment in chunks instead of 2-hour blocks because these folks are not really able to sit there for 2 hours and give us that information. But yet on the other hand, I'm consistently told, you know, you've got to get these people moving.

APHSA was mentioned earlier, as far as the moms and the kids. And I knew that was going to be insane to begin with, when it came to methamphetamine. You know, we're trying to get these people on their feet in a year. Many of them, if their children go into foster care, lose their benefits for treatment anyway.

So one of the problems in Oregon is the different little rules as far as the availability and what beds you can get into and what slots are available to you and whatnot.

There's are a lot of barriers to particularly these women whose custody of their children, they're told to go get some treatment, go do some things in order to get them back, and we've got a year to help them put that together. And that's a bit tough.

I want to spend a quick minute on Drug Court. I can write a little, but I can talk a lot. Drug Court is a situation where you involve everybody. I've really enjoyed it. It's been a highlight of my career. I go into staff meetings and I talk with the District Attorney, I talk with the defense attorney, and I talk with the judge, and we talk about this person.

And then this person comes up and talks to the judge. And the judge has the data and the progress report. And the judge gives them the strokes or gives them the sanctions, whatever they have coming. And they do that consistently throughout—for our program, it's a year.

And there's some transference that takes place. We've heard people talk already today about the lack of family. And I, you know, law enforcement probably kind of cringes when I say this, but there have been some of our folks that have done well because the judge did well with them. It was transference. It was like, "Hey, dad, I'm here, I'm doing well."

They've never had anyone with any authority actually pat them on the back. And I have people that actually have 5 or 6 years clean that our judge is retiring that have really come up to me and say, "Gee, what are we going to do? He's retiring, dad's leaving." And it's like, you can get through it. You can grow up. It's part of growing up. It's part of getting through it.

So I guess the last thing I would say about treatment and Drug Court being a good treatment for methamphetamine addicts is that we need the consequences. You know, in the DSM-IV for diagnosing substance abuse disorders, one of the leading ways that we do that is continued use despite negative consequences.

And so, as a treatment provider, I need that, but I know the consequences are not going to keep the people from using. They're using despite those consequences. And my experience with the prison systems and the consequences that somebody already mentioned that our clients are basically kind of going, you know, don't worry about it.

I mean, I can tell somebody, "Hey, you're going to die."

And they look at me and say, "Rick, you know, you told me that last year."

So I really need to be able to look at them and say, "Look, you're not going to get a stroke from the judge this weekend," or "You're going to spend the weekend in jail."

And instead of going in 13 months and getting out and floating around, these people basically get short sanctions, they come back to the treatment program and they talk to us about how that, and we can use that as a process of treatment, rather than, you know, this kind of cat and mouse game that we play with the criminal justice system and the substance abuse.

So that's all I have. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Jones follows:]

Rick Jones CADCII, NCACII, Director, Choices Counseling Center
Subcommittee on Criminal Justice, Drug Policy and Human Resources
"Stopping the Methamphetamine Epidemic: Lessons from the Pacific Northwest"
October 14, 2005

Choices Counseling Center

125 NE Manzanita Ave., Grants Pass, Oregon 97526 Telephone (541) 479-8847 Fax (541) 471-2679

Mailing Address: 109 NE Manzanita Ave., Grants Pass, Oregon 97526

Drug Court
"The nudge from the Judge"

Choices Counseling Center has been the exclusive provider for the Josephine County Drug Court since 1996. We have seen over 700 clients and have 180 graduates. Only 17% of the clients have been rearrested. The best statistic of all is for 15 drug free babies.

Knowledge of Addictions: As the founding Director of Choices. I have nearly 30 years in the addictions treatment field in Southern Oregon. I hold state and national certifications in addictions counseling. I have worked in the public and private sectors and provided services in detoxification, residential and outpatient settings. I am myself a recovering methamphetamine and heroin addict. My brother, ex-wife and many others close to me have died as a result of their addictions. I have two daughters that are currently in recovery. One has been to Coffee Creek women's prison twice and the other was positive for Methamphetamine in the beginning of her pregnancy which warranted a referral to residential treatment. She is a full time student and a great mom now. I am raising my 10 year old grand son because of his mother's addiction.

Treatment Issues: We have had some significant expectations of our clients in the past. Due to credible research about how Methamphetamine affects the brain we have had to change our expectations in treatment. Clients need lots of help remembering things and they also respond better to short interactive type experiences rater than long didactic type experience. They also do better the longer they have been in treatment. Frequent urine screens, consistent contact with the Judge, probation officers and other support systems.

Legal Justice System: We have known for decades that locking addicts up has not been successful. They tend to return to what they were doing before getting locked up. However, we do need the consequences and pressure from the system to continue to motivate our clients to stay involved long enough to get well. Our Drug Court is so intensely structured and requires so much of the participants that you really need to think twice if you believe it is soft on crime. Our current prison system is very soft on crime in that some people go back because it's not so bad maybe even better than what they have out here. They do really well in an artificial environment without making any real significant changes.

"Recovery is a process not a event". Sometimes success in Drug Court is measured by the clean and sober Christmas their children had or the lack of victimization for the period of time they were in the program. I believe that having clients show back up for counseling after they have graduated Drug Court is a measure of success. We have many clients with 5-6 years clean.

Mr. SOUDER. Ms. Deatherage.

STATEMENT OF KATHLEEN DEATHERAGE

Ms. DEATHERAGE. Chairman Souder, Congressman Walden, thank you for holding this important public hearing on the issue of methamphetamine. My name is Kaleen Deatherage, and I'm the director of public policy for Oregon Partnership, Oregon's only Statewide non-profit organization that provides substance abuse prevention and treatment referral.

I know that you've heard and read a great deal about the tremendous toll methamphetamine is taking on Oregon's rural and urban communities. The manufacture and use of meth continues to harm families; our environment; and the most innocent among us, our children. And it's also placing a tremendous burden on our law enforcement and criminal justice systems.

Helping children, family, and neighborhoods overcome the scourge of meth requires consistent public investment in a multi-pronged strategy; prevention that stops meth use before it starts, substance abuse treatment that helps people who struggle with addiction, and law enforcement that helps maintain community livability. It is in effect a three- legged stool that works only if each component exists.

The goal of the alcohol and drug abuse prevention component is to make a positive impact on individual, family, and community behavior. We have an existing prevention knowledge base, founded on research and principles of effectiveness, which should guide the prevention strategies applied by agencies and communities across our Nation to address this issue.

I would like to point out a few of the drug prevention strategies that have been shown to create positive behavior change. First, it's important to help young people to recognize internal pressures, such as wanting to belong to the group, and external pressures, like peer attitudes and advertising that influence them to use alcohol and drugs.

Next, it's important to teach the youth that using alcohol and other drugs is not the norm amongst teenagers, thereby correcting the misconception that everyone is doing it. And, last, actively involving the family and the community so that prevention strategies are reinforced across settings.

The field of alcohol and other drug prevention has also identified evidence-based principles that should be applied to programs to effectively impact individual, family, and community behavior. Some of those principles include: Prevention programs should target all forms of drug abuse.

We know, and we said earlier today, that almost no one starts by using methamphetamine. They're starting with alcohol, they're starting with marijuana, and our programs need to look at the full range of substances, not just at methamphetamine.

Prevention programs must include skills to resist drugs when offered. Strengthen personal commitments against drug use and increase the social skills of our young people who use drugs. Prevention programs should include a parent or a care giver component that reinforces with adults what young people are learning at school and in community settings.

Prevention programs should long-term, over an entire school career, with repeat intervention to reinforce those prevention goals. And prevention programming needs to be adapted to address the specific nature of a drug abuse problem in a local community.

This summer, Oregon took a big step forward in efforts to address the methamphetamine crisis. With the leadership of our Governor, strong support from State lawmakers, and invaluable groundwork by the Governor's Meth Task Force, we signed legislation that requires prescriptions for cold medications containing pseudoephedrine. The legislation also strengthened law enforcement and provides greater resources for Drug Court and substance abuse treatment programs, which are proven to heal individuals and family.

As the work of the Oregon Legislature this session clearly demonstrates, Oregon's meth crisis transcends politics and requires that all segments of our community work together. While new tools will now be available to law enforcement to address meth manufacture and use, communities Statewide also need to use proven prevention principles to develop broad-based strategies to fight their ongoing meth epidemic.

Oregon Partnership is committed to providing new prevention resources and tools to assist communities in those efforts. And I would like to tell you about a new collaborative venture between Oregon Partnership and Southern Oregon Public Television to develop a campaign titled, "Target Meth: Building a Vision for a Drug-Free Community."

This strategic response to the meth epidemic will incorporate a Statewide media and community training campaign designed to educate Oregon residents on the problems and dangers associated with methamphetamine manufacture and use. The Target Meth Campaign will deliver cutting-edge information to communities through a complete multimedia campaign, consisting of four major components.

The first is a Master Methamphetamine Training Powerpoint, which will allow the user to select from meth subject matter slides and customize presentations by adding their own local video. To accompany the training Powerpoint, the Oregon Partnership is producing a Target Meth Community Action Guide to provide community leaders, faith-based organizations, parent groups, and others with drug prevention practices, techniques from neighborhood involvement, community mobilization, assistance for families dealing with drug addiction, and a link to local resources.

Oregon Partnership and Southern Oregon Public Television are co-producing three 30-minute Target Meth specials, and each special will be designed to air with a local companion piece that focuses in on specific regions of Oregon and provides local data.

The last component of the campaign is a Target Meth Web-based information portal providing Oregon meth information, programing, and downloadable tools. In addition, the portal will include video clips from Statewide media coverage, resource links, State and local meth stats.

Oregon Partnership is excited that citizens from all walks of life are joining together to fight the meth epidemic, from representatives of law enforcement, treatment, community coalitions, and the

news media to the average citizen on the street. The good news is that we know prevention works. And the National Institute on Drug Abuse estimates that for every dollar invested in prevention programming, we save $10 in enforcement and treatment.

I want to thank you, Chairman Souder and Congressman Walden, for your leadership on the Federal level to address the devastation meth is causing across America. Thanks to you, there is encouragement for families and communities struggling with meth.

Here in Oregon we've asked all of our citizens to participate in stopping the threat to their own safety, to their health, economy, and the environment. And the best news of all is that as a result of our ongoing effort, Oregon is starting to see successes in the fight against meth, and hope is beginning to return to individuals and families across our State.

Thank you very much.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. Deatherage follows:]

Testimony of Kaleen Deatherage
Director of Public Policy and Community Programs
Oregon Partnership

To Chairman Mark Souder
Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources

October 14, 2005

Chairman Souder, Congressman Walden thank you for holding this public hearing on the important public health issue of methamphetamine prevention and treatment.
My name is Kaleen Deatherage, and I am the Director of Public Policy and Community Programs for Oregon Partnership, Oregon's only statewide non-profit organization that provides substance abuse prevention education and treatment referral.

I know that both of you have heard and read a great deal about the tremendous toll methamphetamine is taking on Oregon's rural and urban communities. The manufacture and use of meth continues to harm families, our environment and the most innocent among us – our children. And it is placing a tremendous burden on our law enforcement and criminal justice systems.

Helping children, families and neighborhoods overcome the scourge of meth requires consistent public investment in a multi-pronged strategy: prevention that stops meth manufacturing and use before it starts, substance abuse treatment that heals people who struggle with addiction, and law enforcement that helps maintain community livability. It is, in effect, a three-legged stool that works only if each component exists.

The goal of the alcohol and drug abuse prevention component is to make a positive impact on individual, family and community behavior. We have an existing prevention knowledge base, founded on research and principles of effectiveness, which should guide the prevention strategies applied by agencies and communities across our nation to address this issue.

I would like to point out several research-based alcohol and other drug prevention strategies that have shown the greatest potential to create positive behavior change.

- Helping young people to recognize internal pressures, such as wanting to belong to the group, and external pressures, like peer attitudes and advertising that influence them to use alcohol and drugs.
- Teaching youth that using alcohol and other drugs is not the norm among teenagers, thereby correcting the misconception that "everyone is doing it" and promoting positive norms through establishing constructive role models.
- Actively involving the family and the community so that prevention strategies are reinforced across settings.
- Facilitating the development of personal, social and refusal skills to resist pressures that may lead to use of alcohol and other drugs.

In addition, the field of alcohol and other drug prevention has identified evidence-based principles that can be applied to existing programs or utilized to develop innovative new programs to effectively impact individual, family and community behavior.

- Prevention programs should target all forms of drug abuse
- Prevention programs should be designed to enhance protective factors and reduce known risk factors
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency in conjunction with reinforcement of attitudes against drug use.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning – such as facts about drugs and their harmful effects. This creates opportunities for family discussions about the use of legal and illegal substances and encourages family policies about their use.
- Prevention programs should be long-term, over the entire school career with repeat interventions to reinforce the original prevention goals.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school and the community.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community, while also being age-specific, developmentally appropriate and culturally sensitive.

This summer, Oregon took a big step forward in efforts to address the methamphetamine crisis. With the leadership of Oregon's Governor, strong support from state lawmakers and invaluable groundwork by the Governor's Meth Task Force, on which I had the opportunity to have a role, legislation was signed that requires prescriptions for cold medications containing pseudoephedrine, the key ingredient in meth. The legislation also strengthens law enforcement and provides greater resources for drug courts and substance abuse treatment programs, which have proven to heal individuals and families.

As the work of the Oregon Legislature this session clearly demonstrated, Oregon's meth crisis transcends politics and requires that all segments of the community work together. While new tools will now be available to law enforcement to address meth manufacture and use, communities statewide also need to use the prevention principles of effectiveness to develop broad-based strategies to fight the ongoing meth epidemic. Oregon Partnership is committed to providing new prevention resources and tools to assist communities in their efforts.

In a collaborative venture, Oregon Partnership and Southern Oregon Public Television are developing a campaign titled, "***Target Meth: Building a Vision for a Drug-Free Community.***" This strategic response to the meth epidemic will incorporate a statewide media and community training campaign designed to educate Oregon residents on the problems and dangers associated with methamphetamine manufacture and use in Oregon.

The ***Target Meth*** campaign will deliver cutting-edge information to communities through a complete multi-media campaign consisting of four major components. The first is a

master Methamphetamine Training PowerPoint, which will allow the user to customize local presentations by selecting from meth subject matter slides including Meth 101, How Does Meth Affect Me, and Meth Prevention, Treatment and Enforcement. Each slide will have talking points and suggested combinations of slides to target specific audiences such as business leaders, parents and youth.

To accompany the training PowerPoint, Oregon Partnership is producing a ***Target Meth*** Community Action Guide. This guide will provide community coalitions, business leaders, faith-based organizations, parent groups and other community leaders with science-based prevention practices, techniques for neighborhood involvement and community mobilization, assistance for families dealing with drug addiction and a link to resources by county.

Oregon Partnership and Southern Oregon Public Television are co-producing three 30-minute ***Target Meth*** specials focusing on the "big picture" in relation to meth law enforcement, treatment and prevention issues. Each special will be designed to air with a local companion piece that focuses on specific regions of Oregon and provides local data along with regional scenarios of meth manufacture and use.

The last component of the campaign is a ***Target Meth*** Information Portal. This Web-based "resource library" will provide Oregon methamphetamine information, programming and downloadable tools. Prevention and treatment organizations, agencies and coalitions across Oregon will be able to link from their web sites to the information portal, providing on-demand access and video streaming of meth programming, public service announcements and interviews. In addition, the portal will include video clips from statewide media coverage, resource links, state and local meth statistics and other pertinent information relating to Oregon's methamphetamine awareness efforts.

The ***Target Meth: Building a Vision for a Drug-Free Community*** PowerPoint, Community Guide and Web Information Portal will be available this November from Oregon Partnership. The ***Target Meth*** television specials will begin airing in early 2006. Regional Training of Trainers on the ***Target Meth*** Campaign will be held statewide beginning in January. The goal of these workshops will be to help community leaders utilize the components of the campaign and integrate these tools into local drug prevention planning.

Oregon Partnership is excited that citizens from all walks of life are joining together to fight the meth epidemic—from representatives of law enforcement, treatment, community coalitions, education, prevention and the news media to the average citizen on the street. The good news is that we know that prevention works. The National Institute on Drug Abuse estimates that every dollar invested in prevention programs saves $10 in enforcement and treatment.

I want to thank you, Chairman Souder and Congressman Walden for your leadership on the Federal level to address the devastation meth is causing across America. Thanks to you there is encouragement for families and communities struggling with meth. Thank

you both for all you are doing to teach Congress about the growing devastation caused by Meth and the societal costs involved. Here in Oregon, we have asked all of our citizens to participate in stopping a threat to their safety, health, economy and environment, and the best news of all is that as a result of our on-going efforts Oregon is starting to see success in the fight against meth and hope is returning to individuals and families across our state.

Mr. SOUDER. Ms. Baney.

STATEMENT OF TAMMY BANEY

Ms. BANEY. Hi. Make sure I'm not too close, not too far away.

Chairman Souder, Congressman Walden, and members of the panel, thank you for this opportunity. I am here today representing, in essence, the third leg of the stool. I am the community volunteer. And I also am coming to you today as the sister of a recovering addict.

My brother is just now 21 years old, and he's been battling the methamphetamine addiction for 5 years. I have watched—I resonate with a lot that you mentioned, and the destruction that it can cause within a family can be unbearable at times. And coming from a family of four children; two are firemen, one a community volunteer, and another struggling with meth addiction, it wasn't just parenting.

You couldn't put a finger on what made it different. We all grew up in the same house. And so I hope to offer some of the stigma, that it really isn't there; that it's not about the parenting, it's not about something that went wrong. A lot of times it's just about the child and choices that are made.

I'm also here as representative of the Meth Action Coalition, which is a grass roots effort in Deschutes County, and I'm here representing the Central Oregon region, which is Crook, Deschutes, and Jefferson Counties. And, of course, as you know, we have a methamphetamine problem. And we are right on Highway 97, which I drove to get here.

I didn't drive slow, and it was very easy to not drive slow because—and sorry for those that are—sheriff.

Mr. WALDEN. You were driving the speed limit.

Ms. BANEY. Well, just over. And, however, as I flew my car here, I did not run into law enforcement officials. And the reason why is because of funding cuts. And the reason why is we have rural areas, we have, you know, 50-mile stretches where there is barely a house or a barn.

And so we're talking about a prime—I drove along today, when I could see the trees flying past, Sheriff, thinking of myself as someone who has precursor chemicals in the back and thinking what an easy road this would be to drive. And so no wonder the rural areas are having such a difficult time grappling around this situation. And so Deschutes County and Crook and Jefferson are no different in that.

And one thing that we have done is, thank you to the HIDTA dollars, we've been able to put together the Central Oregon Drug Enforcement Team. So we are crossing all county lines, and we have partnered all three counties together to leverage our dollars. And that's been very beneficial for us.

Bend may seen like a very urban area; however, we have La Pine and Sisters and Terrebonne and even Redmond. There are a lot of areas, I grew up outside of town on five acres, and, you know, we could do a lot out there. And so to think of Deschutes County just as Bend, OR, is not the same. There are a lot of rural areas.

We do not have a problem with the mom and pop labs in the Central Oregon region, so to speak. We primarily, actually, in

speaking with our CODE team, have taken less than a gram of powder off of our street, and the vast majority, obviously, is crystal meth, and that is coming from Mexico. And apparently we have an influx of the Mexican cartel in our region.

And so when we talk about the precursor chemicals and we talk about pseudoephedrine and getting them off the shelf, we know that is more lending a hand to others in saving maybe one child's life down the road. You were asking about, well, what does that really mean by putting those drugs behind the counter.

What it means to us is if we save one child's life, if the inconvenience is on me because I have a head cold, I would rather save a child's life.

So for us, it's not the mom and pop lab, it's the crystal meth that we're fighting. And it's not an inexpensive drug. It's taking those that have been hard- working and have saved a lot of money, and it's taking those dollars and washing them completely down the drain with $100 to $120 a gram.

So I am here to speak about the three-legged approach. And I know that I'm getting the yellow light. But the importance is, none of us are going to be able to conquer this. You could drop $5 million to the sheriff, and he's not going to be able to do anything if we don't talk treatment and we don't talk about the community.

So I'm here to, hopefully, instill the importance of the community aspect in looking at Federal dollars and dropping those down into the local level. If there's a component about engaging the community, that is the legwork for those who are doing the work and can help to take some of the burden off those that are doing the work as well.

Right now in Deschutes County, in order to get into treatment, there's a 120-day waiting period. The vast majority of the people are on the Oregon Health Plan or they lose the Oregon Health Plan when they go into jail, which is usually what happens. And then they're matrixed out because our jail is well over capacity.

So what I share with you—oh, and to detox, you would need to put that on your day-planner in about 10 days. So like you were saying that you get your Egg McMuffin, you have to say, well, in 10 days, I think on the third Wednesday of the fourth month, you'd want to detox.

So in talking about treatment, in talking about law enforcement, components in grants dropping down from the Federal level, talking about engaging the community is critical. In talking about getting rotary clubs and getting your volunteers and the school board and everybody on board in talking about, yes, we have a problem, and here's how we're going to address it. I really encourage you to add a component in talking about the community involvement and engaging the community.

Thank you so much for your time.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. Baney follows:]

Congressional Hearing Testimony – October 14, 2005
Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest
Government Reform Subcommittee on
Criminal Justice, Drug Policy, and Human Resources

To Chairman Souder, Congressman Walden, and Fellow Members of the Committee,

I speak with you today as a community volunteer and as the sister of a recovering meth addict. I have witnessed first hand the devastation and irreparable damage that meth brings to someone you love; in addition I have seen the destruction that it causes within a community. I appreciate this opportunity to testify before you regarding such a critical topic.

As you well know, methamphetamine is rapidly becoming one of the most destructive and persistent illegal drug problems in the United States. Oregon has been particularly burdened by widespread meth abuse. According to the SAMHSA Drug and Alcohol Services Information System, Oregon has consistently had the highest treatment admission rate for methamphetamine abuse in the country, more than three times the national average.

Central Oregon, a region that encompasses Crook, Deschutes, and Jefferson Counties, is a principal factor in the state's growing methamphetamine problem. All three counties are designated High Intensity Drug Trafficking Areas (HIDTA), primarily due to their proximity to US Highway 97. US Highway 97 connects with Interstate 5 in California and continues north to Canada. Taking into account the decrease in State funding for law enforcement, as well as the rural nature along this stretch of road, US Highway 97 provides the perfect passage for transporting crystal meth from Mexico. Utilizing the HIDTA funding, the Central Oregon region has created the Central Oregon Drug Enforcement Team ("CODE Team"), creating a collaborative law enforcement partnership that works seamlessly across all county lines.

Since 2001, each county in Central Oregon has also worked to create a community-based Meth Task Force. By engaging the full community, each grassroots task force has been able to place ownership on the part of the citizen, rather than looking for either treatment or law enforcement to "fix" the problem. These task force groups have adopted a "3- legged stool" approach in combating the meth epidemic.

1. Partnering with <u>law enforcement</u> to go after the <u>supply</u> of meth
2. Working with <u>treatment</u> providers to <u>help those already using meth</u>
3. Engaging the <u>community</u> (business, government, faith-based) on <u>prevention</u> efforts,

This balanced approach creates the opportunity for the community to work together in maximizing resources, leveraging funds, and strategic planning. This tactic breaks down barriers and builds a bridge to support the region's health and livability. Through these partnerships we have been able to:

- Create the Central Oregon Drug Enforcement Team
- Create a Drug Endangered Children protocol for first responders
- Create a regional system for maximizing resources

- Engage the community as a whole, by
  - Conduct yearly Meth Summits to educate the community
  - Provide meth presentations to School Boards, Rotary and other civic clubs, hospitals, front line workers and parents
  - Develop prevention and education materials for distribution within the region
  - Develop support groups for friends and family members of meth addicts
  - Collaborate on grants to maximize regional resources and leverage funds
  - Support each other and offer assistance without barriers

How can the federal Government help? By partnering with us. We ask that you (re)consider the following:

- **Do not cut HIDTA funding**. These dollars are critical to eradicating this epidemic.
- **Provide funding for treatment**. According to the Addiction Counselor Certification Board of Oregon only one in seven Oregonians who need treatment can access treatment. Due to funding cuts and access to services, this number is significantly higher in the Central Oregon region.
- **Continue the focus on funding drug courts**. By offering intensive case management and swift accountability, studies show that this is an effective component to a communities system.
- **Fund collaborative community efforts**. Provide funding incentives for communities that are applying the "3-legged stool" approach and actively maximizing resources.
- **Support legislation** (HB 3889, Combat Meth Act 2005, etc.) that provides support to the continuum of services critical to a healthy community.
- **Continue to monitor and regulate those Countries that manufacture pseudoephedrine and ephedrine**. Continue to work with Mexico in tightening control of the importation of these chemicals.

Thank you for this opportunity to testify before you. Your partnership with the communities within this great country will continue to strengthen our ability to eradicate the meth epidemic.

In Partnership-

Tammy Baney
Chair, Deschutes County Commission on Children & Families
Co-Chair, Deschutes County Meth Action Coalition

Mr. SOUDER. Mr. Miller.

STATEMENT OF SHAWN MILLER

Mr. MILLER. Chair Souder, Congressman Walden, my name is Shawn Miller, and I represent 235 members and 1,113 member locations of the Oregon Grocery Association involved in the manufacturing, wholesaling, and retailing of grocery products. Our industry employs roughly over 50,000 Oregonians.

I'm here today in support of H.R. 3889, the Methamphetamine Epidemic Elimination Act. First, I'd like to thank Chair Souder and Congressman Walden for their leadership and commitment in addressing the serious meth epidemic that faces our communities here in Oregon and all across the Nation.

The grocery industry recognizes the problem as an epidemic and wants to be a partner in crafting a comprehensive solution. The crisis has had a significant impact on Oregon communities and the Oregon Grocery Association joins you in supporting the elimination of the meth production, distribution, and use.

Not a stranger to this issue, the Oregon Grocery Association has worked with law enforcement to pass legislation in Oregon limiting the sale of pseudoephedrine products to 9 grams or less in a single transaction. OGA is willing to limit the sales even further, which is proposed in H.R. 3889.

With that said, we do have serious concerns about recent legislation passed in Oregon that imposes questionable and inefficient controls on the sale of cough and cold medicine containing pseudoephedrine or PSE. I'm referring specifically to the recent passage of House bill 2485, which was passed here in Oregon recently, which requires all PSE products to be treated as Schedule III prescription drugs.

Under the Oregon law, which has not gone into effect yet, it will go into effect early next year, only retail stores that have a pharmacy are allowed to sell these medications with a doctor's prescription and these items must be kept behind the pharmacy counter.

OGA believes that Federal legislation needs to balance consumer access with reasonable PSE sales restriction. I want to be clear that the Oregon Grocery Association does support restrictions requiring all the PSE products be secured behind the counter, locked behind the counter at all pharmacy and non-pharmacy outlets.

We also support requiring the clerk to assist the customer in obtaining the PSE product; however, we believe Oregon went a little too far in House bill 2485 going to prescription-only. We believe that Oklahoma went a little too far in their model, and we do believe that legislation that's passed the U.S. Senate and is currently pending in Congress goes too far.

The end result under the rigid pharmacy-only approach is dramatic reduction in consumer access to cold and cough medication, depending on whether the consumer's local grocery store has a pharmacy department and what hours the pharmacy is open on a particular day. For consumers living in rural Oregon, which is much of Oregon, pharmacy-only access can create major hardships if the nearest pharmacy is 20 or 30 miles from the consumer's home.

The Food Marketing Institute and the National Consumers League gauged consumer opinion on views of the sales restrictions of PSE products in a national survey that was released in April 2005. What this survey found is revealing. About 44 percent of the 2,900 adult survey respondents felt that pharmacy-only access would create a hardship for them, while 62 percent said they did not believe that restricting sales of PSE products to pharmacies is a reasonable measure for controlling meth production.

In stark contrast, the survey respondents were far more receptive to less severe restrictions that pharmacy-only access, such as placing all the cough, cold, and allergy products behind the counter; not necessarily a pharmacy counter, but placing them in a locked display case.

Additionally, more than 80 percent of the survey participants expressed support for limiting the quantity of such products that individuals can purchase, which is also a component of H.R. 3889. For these reasons, the Oregon Grocery Association cannot support pharmacy-only classification for cough and cold products containing pseudoephedrine.

Pharmacy-only access clearly poses significant problems for consumers who have a legitimate need for these medications to treat their allergies, coughs, and cough.

Chair Souder, Congressman Walden, I want to express the industry's support of the Meth Epidemic Elimination Act. As you work toward a final product in these next few weeks, we would urge at subcommittee to amend the bill to include strong Federal preemption language governing the sale of PSE products in order to ensure uniformity.

Many retailers, including OGA members in Oregon, have retail outlets in multiple States. Creating this restriction on sales of PSE products that are uniform throughout the States will facilitate retailer compliance.

In conclusion, I want to re-emphasize the need to balance consumer access with reasonable PSE sales restrictions. I want to thank Chairman Souder for visiting Oregon and listening to the grocers' concerns and recommendations as you develop this very important piece of legislation, and I want to thank Congressman Walden for his leadership on this issue.

And I thank you for the opportunity to provide this testimony.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Miller follows:]

8565 SW Salish Lane, Suite 100 • Wilsonville, OR 97070
503-685-6293 • 800-824-1602 • Fax 503-685-6295
E-mail info@ogia.org or Visit Web site www.ogia.org

OCTOBER 14, 2005

TESTIMONY BEFORE THE UNITED STATES HOUSE SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

BY: SHAWN MILLER, REPRESENTING THE OREGON GROCERY ASSOCIATION

IN SUPPORT OF H.R. 3889

Chair Souder, members of the committee, my name is Shawn Miller and I represent the 235 members and 1113 member locations of the Oregon Grocery Association (OGA) involved in the manufacturing, wholesaling and retailing of grocery products. Our industry employs over 50,000 Oregonians.

I'm here in support of H.R. 3889, the Methamphetamine Epidemic Elimination Act, which was introduced by Congressman Mark Souder and co-sponsored by Congressman Greg Walden. First, I would like to thank Chair Souder and Congressman Walden for their leadership and commitment in addressing the serious meth epidemic that faces our communities here in Oregon and all across the nation. The grocery industry recognizes the problem as an epidemic and wants to be a partner in crafting a comprehensive solution. The crisis has had a significant impact on Oregon's communities and the Oregon Grocery Association joins you in supporting the elimination of meth production, distribution and use.

Not a stranger to this issue, the Oregon Grocery Association has worked with law enforcement to pass legislation in Oregon limiting the sale of pseudoephedrine products to nine grams or less in any single transaction. OGA is willing to limit sales even further, as proposed in H.R. 3889. OGA members also participate in Oregon Meth Watch, a voluntary program to limit the accessibility of ingredients used to make meth and raise general awareness of this problem in Oregon.

With that said, the Oregon Grocery Association has serious concerns and misgivings about recent legislation passed in Oregon that imposes questionable and inefficient controls on the sale of cough and cold medication containing pseudoephedrine (PSE). I am referring specifically to the recent passage of House Bill 2485, which requires all PSE products to be treated as Schedule III prescription drugs. Under Oregon law, only retail stores that have a pharmacy are allowed to sell these medications, with a doctor's prescription, and these items must be kept behind the pharmacy counter.

OGA believes that federal legislation needs to balance consumer access with reasonable PSE sales restrictions. I want to be clear that the Oregon Grocery Association does support restrictions requiring all PSE products be secured behind the counter in all pharmacy and non-pharmacy outlets. We also support requiring a clerk to assist a customer in obtaining PSE products. However, Oregon went too far; Oklahoma went too far; and legislation that has passed the U.S. Senate and is currently pending in Congress goes too far.

The end result under the rigid pharmacy-only approach is a dramatic reduction in consumer access to cough and cold medications, depending upon whether the consumer's local grocery store has a pharmacy department and what hours the pharmacy department is opened on a particular day. For consumers living in rural areas, which is much of Oregon, pharmacy-only access can create major hardships if the nearest pharmacy is 20 to 30 miles from the consumer's home.

The Food Marketing Institute (FMI) along with the National Consumers League (NCL) gauged consumer opinion and views on sales restrictions of PSE products in a national survey that was released in April of 2005. What the FMI-NCL survey found is rather revealing. Forty-four percent of the 2,900 adult survey respondents felt that pharmacy-only access would create a hardship for them, while 62 percent said they did not believe that restricting sales of PSE products to pharmacies is a reasonable measure for controlling meth production. In stark contrast, the survey respondents were far more receptive to less severe restrictions than pharmacy-only access, such as placing cough cold and allergy products behind a counter, not a pharmacy counter, or placing them in a locked display case. Additionally, more than 80 percent of the survey participants expressed support for limiting the quantity of such products that individuals can purchase, and 74 percent said it would be reasonable to restrict the age of purchasers.

For these reasons, the Oregon Grocery Association cannot support pharmacy-only classification for cough and cold products containing pseudoephedrine. Pharmacy-only access clearly poses significant problems for consumers who have legitimate needs for these medications to treat their allergies, coughs and colds.

Chair Souder, Congressman Walden and members of the Committee, I want to express the industry's support for the Meth Epidemic Elimination Act. As you work toward a final product, we urge the subcommittee to amend the bill to include strong federal preemption language governing the sale of PSE products in order to ensure uniformity. Many retailers, including several OGA members, have retail outlets in multiple states. Creating restrictions on the sale of PSE products that are uniform throughout the states will facilitate retailer compliance.

In conclusion, I want to re-emphasize the need to balance consumer access with reasonable PSE sales restrictions. I want to thank Chairman Souder for visiting Oregon and listening to the grocers' concerns and recommendations as you develop this very important piece of legislation.

Thank you for the opportunity to provide testimony.

Mr. SOUDER. And I'm going to—I'll question a few, and then turn it over to Congressman Walden. A lot of different things. Let's start with Mr. Miller and work backward.

It's kind of hard to sometimes be a quasi-skunk at the picnic, so to speak. But we're working through very tough legislation. I come from a small town in Indiana where I grew up, and they've lost their pharmacy and their grocery store. I want to make it clear, I shop at Wal-Mart. I'm a supporter of Wal-Mart. Wal-Mart financially supports me. I'm not anti-Wal-Mart.

But Wal-Mart and Target support this legislation, the restriction behind the counter, because they can deal with that. Many of the associations can figure out how to deal with that. What the fundamental question is, is how many small grocery stores are going to shut down because we took out the profit margin?

When there are ways of tracking at the wholesale level, as the DEA's written testimony showed today, the big busts came because they could tell the small grocery stores were doing large increases. It's tracked by distribution organizations. And you can tell which store went above budget, just like we can tell in Mexico.

If this is the only way we can do it, this is the way we're going to do it. And let me just tell you now, there isn't going to be a preemption. Unfortunately, if you don't win at the State level, it's clear we're not going to pre- exempt State laws on this.

But what we need out of your association, to the degree—and often these little stores don't even belong to the association. But how many grocery stories in small towns don't have a pharmacy? You said you have a membership. How many of those don't have a pharmacy?

And to the degree that they're willing to say this, what percentage of their profit is in the sales—in Indiana it just went into effect, and it went behind the counter as opposed to behind the pharmacy. The average store dropped from 120 pseudoephedrine down to 20. So first off, if you can get an estimate of how much product reduction there is and what that does to profit.

And then, second, at the margin, what is the estimate in the small towns, how many grocery stores will go out? It won't be 12 months, it won't be 24 months, I know this is hard, but if you look at that margin.

In other words, if the average grocery store margin, profit margin is 5 percent after taxes, and 10 or 20 percent of that is from pseudoephedrine products, or even 5 to 10, you can tell that you're going to push them below 3 percent, and they're not going to survive.

Many of them are already going down, it's just a matter of how many will this push over the top, and is that really going to solve the problem. But we need some hard data. We're pushing the National Grocery Store Association to tell us what's happened in Oklahoma. Everybody knows I came from a retail background. All businesses yell loudly on each thing.

The question is, is it really going to be a restriction? Can they make the money on substitute products? Is the only problem going to be tobacco and lottery tickets? Is that where we're headed?

What's going to happen to convenience stores that are a big part of the access that's replaced small town grocery stores, you get it

at the gas station. But if they don't have a pharmacy, you're not going to be able to get the stuff at a gas station. Does that mean those convenience stores are going to shut down; they're not making it on the gas?

What is the practical tradeoff we're making here? And it's really not affecting the bigger towns. This is a small town question. Because the bigger grocery stores will have some margin in profits, but it's not going to hurt badly.

Mr. MILLER. Chairman Souder, I'd be happy to be look into that. Our association does represent the large retail stores, the chain stores that do have pharmacies and some that don't, and we also represent the small mom and pop stores in many of the small town communities across the State.

I think in the issue—and I'd be happy to try to do a survey.

Mr. SOUDER. Yeah, because it would be like we have Super Value in northeast Indiana, IGA, those type of organizations. They have a good indication to be able to kind of collectively—how many of these small stores are left that, in effect, could be toppled by this?

Mr. MILLER. We would be happy to put together that information. I think, from our standpoint, what we're trying to balance is the access and the convenience for the consumer, the legitimate consumer, that wants the product more so than the profit level.

And so I know from the grocery stores that I've talked to, it's really not a profit issue and a product issue, more so that this is, you know, in retail industry, obviously we are interested in pleasing our customer.

When they walk into a grocery stove, they want to be able—as some of the grocery stores you just indicated—they want to be able to get all the products they can and go home and not have to go to many different stores. And so in the retail industry, we try to please those customers.

Mr. SOUDER. This actually first popped up in Hawaii because they have lots of little tiny towns with grocery stores who don't even have a scanning system. And the only way to get to this was at the wholesale level or to shut down the grocery stores.

Mr. MILLER. And the wholesale level, we do support legislation and stricter penalties on actually retailers that are going to get in products from the wholesaler and put them out the back door. I know that was one of the components of the legislation on the stricter penalties that we do support as an industry because we want to get rid of those people in our industry, if they are running it out the back door.

So if there are any components to your legislation that deal with the wholesale level, I know that we're very interested in that end of the legislation as well.

Mr. SOUDER. Let me ask a couple of you now, some more basic questions. First, Sheriff Trumbo, do you get a Byrne grant and do you use the Byrne grant on any narcotic problems?

Mr. TRUMBO. Yeah. The Byrne grant goes to the Blue Mountain Enforcement Narcotics Team. And they use that for their operation.

Mr. SOUDER. And how many dollars.

Mr. TRUMBO. $30,041.

Mr. SOUDER. And do you also get any COPS money?

Mr. TRUMBO. Our department doesn't. I don't think the BMENT team does either.

UNKNOWN. No.

Mr. SOUDER. So no on the COPS. Ms. Baney, in the community prevention in Oregon, does anybody here have any of the community grants that come through the national—the Drug-Free Community.

Ms. BANEY. Yes, we do. And we do in Deschutes County as well. And it works very good in the rural drug-free area.

Mr. SOUDER. And is it predominantly in your area, or are there several in Oregon?

Ms. BANEY. Go ahead.

Ms. DEATHERAGE. We have 33 drug-free community grants used in Oregon, and they're spread across the State. There's good geographic representation.

[Discussion off the record].

Mr. SOUDER. What we're trying to figure out is, initially there were 50 grantees and then 100 grantees in the entire Nation, and I was trying to figure out how you got 33. But what you have is a grantee that is then subdivided into 33.

Ms. DEATHERAGE. No, we have—California has nearly 50 Drug-Free Community grants. And so we have 33 separate grants in the State of Oregon.

Mr. SOUDER. But your grants aren't——

Ms. DEATHERAGE. Some of those—they're not all brand- new this year. Some may be in their 2nd, 3rd year. But there are 33 distinct grantees. I can share with you more information later, if that would be helpful.

Mr. SOUDER. What's happened is, we have a cap. And we've moved through this bill, and we've gradually increased the number, and the dollars are up to $70 million in the amount of our cap. It basically means there are 700 in the entire Nation. Of that 700, the question then is would 33 of those be in Oregon? And the answer is possibly. It may be you have a couple that are coming through another grantee. But regardless of that, you have a major—that fund has been tapped into heavily.

Let me ask another kind of entry-level fundamental question, and that is that in the—may I ask this across the board, but let me start with Ms. Deatherage. You focused a lot on the kids. In the meth problem, it doesn't seem to be heavily among kids. In your Drug-Free Communities program, are you targeting here the program specifically at the population that seems to be more at risk?

One of the problems we've had with the Drug-Free Schools program is for years it often—I'm going to make a broad statement here that, for the record, is dicey. I don't mean it this way. It's just my son, who has never used drugs, and my daughter who has never used drugs. However, my son, because he loved rock music, because he hung around with guys who used drugs, found most anti-drug programs laughable. And he and his friends made fun of them and didn't go to them.

My daughter, who was somewhat, in a nice way, a goody two shoes, which is wonderful, found these programs very good, very motivating, and she wasn't a person at risk. And the question is

how do you—one of my concerns in meth is that we're approaching this, we're really good at convincing young children who aren't tempted at this point for the bulk of it, for folks in high school, but we seem to have a very unusual problem here in that many of these people—not all.

Because once it gets going in a community, it hits a large percentage. In one town in Arkansas, 80 percent of the town, including law enforcement, the doctor, everybody else. But typically in the community, people have already gotten into the culture because of marijuana and others and often isolate themselves from fear of getting caught.

How, in the community anti-drug effort, can you educate on meth when they're already inside the drug culture, to some degree they've somewhat become anti-social. How would you recommend, in our prevention campaign, we target the people who are actually most at risk of moving to meth?

Ms. DEATHERAGE. That's an excellent question. And I—that question in and of itself is why the enforcement piece of this problem tends to be easier to deal with than the prevention piece.

But to try to take your question apart, first of all, Drug-Free Community grantees are required, and as they should be, to address more than just one drug. So you shouldn't find any grants out there just dealing with methamphetamines and they actually wouldn't be in compliance with the grant itself.

You asked about addressing methamphetamine with young people when we know that it tends to be maybe college age or in the 20's that we see the predominant meth use. It goes back to a comment that we made earlier today. Very few, if any, people ever begin their drug addiction by deciding this morning I'm going to get up and try methamphetamine. So they've probably been drinking or smoking marijuana or some other entry type drug, then they have progressed to methamphetamine use.

And I think when we look at a community level at how we're going to prevent use among our young people, we're really looking at how we're going to change norms in our community.

And I think what the challenge is, how do we take on a task that's not going to have a 6-month or even a 1-year measurable outcome, like we might want to see, but similar to tobacco, how do you tackle the 20-year campaign to change public perception and public knowledge about the dangers of cigarette smoking? And I think we're looking at the same type of approach is needed for drugs.

So I think you're right that we do have—when we look at prevention, we talk about universal prevention which is for everybody, selective prevention which is for at-risk individuals, and intricate prevention which is at the most specific population for perhaps a specific ethnicity at risk.

Universal prevention programs probably are going to be more applicable to people like your daughter who have some of the protective factors in their life and are not at as great of risk to use. More emphasis has to be put on how do we identify those youth who may be at greater risk because of past trauma in their life, because of parental history or use of friends and family.

And how do we form our messaging so that we can begin to make an impact with those individuals as well. So I think we're looking at the need for a multi-pronged strategy, but clearly we've got to start earlier and we've got to be in schools more often with a more effective message. At this point, we're not getting the job done efficiently.

Mr. SOUDER. Mr. Jones, before I yield to Greg, let me—you've been—you've dealt with this with your own family, with yourself, and as well as working with many addicts. And there was one suggestion in the first panel that, in fact, prevention may not work on meth, and we're wasting our dollars when we focus on prevention of using meth.

And what Ms. Deatherage just said, which she wouldn't phrase it this way, but she really hit on a core of a debate that I've been having with the drug right now, and that is the position of ONDCP is that, in fact, we can't really dent the meth question with the prevention. We have to focus on the marijuana—tobacco is funded through a different procedure through the tobacco funds—and alcohol.

Because you can't isolate the meth user once they're inside this subgroup, and it is a fact that we've moved, that the meth population, we moved the meth population. It's been real interesting, as somebody that's been minutely involved in the National Ad Campaign, to hear Members of Congress sound off about the ineffect, "Well, I haven't seen the ads, I don't understand the ads."

Well, they're not the target of the ads. If I see an ad, then they've made somewhat of a mistake.

Mr. WALDEN. There may be some State legislators who may be——

Mr. SOUDER. For example, we had a little bit of a battle when they ran an ad in the Washington Post. I felt that was more political to try to prove to Congress than try to reach kids. I've had some concerns about—I'm a Notre Dame football addict—that the ads that they run on occasion during games is to show me, as chairman of the subcommittee, that they're running ads, rather than focusing on kids who are at risk, although I don't really know about Notre Dame alumni, that particular class.

But the point here is that in watching how they've done target polling, as we've pushed in the National Ad Campaign, they've actually tried to highlight the highest risk population; let's say, marijuana go to certain different places.

And the new ads are about to come in on methamphetamine. For example, there was one of a girl plucking her eyelashes that I just thought it was the dumbest ad I've ever seen. And the females on my staff were just appalled. They thought it was incredibly effective, and I thought it was incredibly stupid. But I know enough to know that it doesn't impact me.

Now, the fundamental question here is do you believe that, in fact, we can do targeted prevention? I'm not talking about treatment right now, but prevention targets that would have reached your kids or you or the people who are your addicts, or are we better off trying to get them before they get into that? And then if that's the case, we're miserably failing on meth and why?

Mr. JONES. I want to echo what Kaleen Deatherage has said, in I don't really think that—yes, I think we can prevent methamphetamine use. The prevention work that's being done that's effective is not very specific.

You know, you're not going to respond to something about plucking your eyebrows out unless you've done it or you know somebody who did or you watched your mom do it. But that would be effective for someone who went, oh, yeah. You know. But you can't relate to it because it doesn't address you.

See, methamphetamine once a person has used it, the tug-of-war is on. You know, it's a very powerful drug in that the only thing it's been compared to is a sexual orgasm. And we're up against that issue with our kids anyway. And so then with some of the adults, it's like, you know, taking away their chocolate cake. There's a tug-of-war that goes on.

I think—I go all the way—I mean, I've been in prevention for all of my career, too. And I go all the way back to the Chemical People Project, the Just Say No campaign, the whole Red Ribbon Campaign, and the different things. And they all have their pieces.

What I have seen recently that I really—and I do see treatment as a primary prevention strategy, particularly in our Drug Court, we've had 15 drug-free babies, I don't think prevention gets any better than that. The assets, the street-based program, the community-based program, bringing families together, that's where prevention is. And it's not drug specific.

Methamphetamine isn't a drug of self-esteem. It's a stimulant. It's not far different than the smoking issue. Because, actually, I used to run a detox, and I could take all the drugs and alcohol off a drunk and an addict, and they'd kind of tolerate that, but they'd want to beat me up if I took their cigarettes. Nicotine is a behavioral stimulant. Methamphetamine is a much more powerful behavioral stimulant. It's a very insidious drug.

You know, your question about actually targeting these folks who are in it, I think that's a tough issue. I think we're involved in some movement right now as to what we're doing with kids. I have 40 kids in my treatment right now. I have a wonderful staff. We have not thrown anybody out of our treatment program over the last 5 years.

And back in the earlier days of treatment, if you didn't behave, you got thrown out. Well, that just fed into things. So, you know, I think keeping kids engaged, keeping people involved in a process with positive role models, mentorships, things like that, that are being talked about in prevention right now are key.

Mr. SOUDER. Do you use the matrix well.

Mr. JONES. Yes. Actually, Joe County recently got a $500,000 grant to implement meth projects.

Mr. SOUDER. Which county.

Mr. JONES. Josephine County.

Mr. SOUDER. And what city does that——

Mr. WALDEN. Grants Pass, Cave Junction, Selma, Williams, Sunny Valley. Grants Pass is the biggest part of that.

Mr. SOUDER. And do you—a couple quick questions on treatment yet. One thing we've heard in treatment is that the alcohol method of treatment, where you have an enabler and then the support,

isn't really true in meth. Have you run into people where, in any husband and wife situation, they aren't both involved?

In other words, the traditional treatment models we assume there's an abuser and then a support, where what we see over and over in meth, they kind of pull away into what we call the mom and pop places. Even though a lot of people don't like to use that expression, often they pull their kids in to help, who are cooking too, and their immediate friends.

In Ohio we had an addict actually come in that just came off. Nick had to make sure I read him his rights. There were about 40 sheriffs. But one of the things he said is they're completely isolated within the community because they're afraid somebody's going to tip off law enforcement, which is not the traditional enabler community.

How does this differ in treatment?

Mr. JONES. It's very insidious, the treatment is for these folks. And there are some similarities. I don't like getting too specific. And there's recent information that Eric Martin has been presenting regarding treatment in that we're as effective with methamphetamine as we are other drugs, and I don't know why we're getting such a bad wrap.

I think the expectations are high, for one, in the treatment arena regarding people. And that's why I made the statement that recovery or treatment, it's a process, it's not an event. But it is very insidious, it's very criminal, and it's very generational in our area.

It isn't really uncommon for us to have families who are very much involved. But we've seen the same thing with marijuana in our area, still a cash crop. And we're still struggling with generational growers in the area. The thing about methamphetamine is that most of these folks come through the door having burned out everybody else. I think that's the major difference.

When you get someone who's purely alcoholic, who has the traditional family system around them where there are some enablers and different people, the meth addict, by the time we get them usually, they have really blown everybody out of the water. Everybody's mad.

Mr. SOUDER. So you're not seeing moms and dads? You're not seeing pairs?

Mr. JONES. As far as both using and coming into treatment? Yes, we are.

Mr. SOUDER. Higher than some other drugs, or do you see it in some other drugs as well, where you see the pair?

Mr. JONES. Actually, I think we probably see it more with the meth addicts. I would have to agree. We do see folks coming in who are jointly addicted more than the other drugs.

Mr. SOUDER. Do you see it in law enforcement? Do they tend to get both of them? Or sometimes the reason you're not seeing a pair is because they caught one and the other didn't get caught.

Mr. JONES. Actually, they've been getting both of them down in our area, and they're also getting charged with child neglect. And we're actually kind of having——

Mr. SOUDER. Let me ask a quick question of the sheriff. When you go in, do you tend to get both of them and they both get the same——

Mr. TRUMBO. And then we get the child or children.

Mr. SOUDER. Let me ask one other treatment question, so I kind of keep that train of thought here for a second. We've heard in some places, and I assume all these are true, and I'm just interested in getting data. Some cities are running 50 percent are women and it's weight loss driven. Other places, which doesn't suggest it's a sexual orgasm approach, although it may give them that effect, but they lose weight. Maybe they get a sexual orgasm as a side benefit. Not a side benefit, but their goal is to lose weight.

Other places are just straight the drug was addictive. A third is that I had a company, an RV company, fastest growing RV company in the United States, heard that they had a drug problem. They did a quick test, and a third of their employees were either on cocaine or meth with just a little marijuana.

And the argument, the treatment people in that county, which has one of the highest meth problems in that State, is that they're using it like an amphetamine, because of the piece rate, they initially, at least, get a faster support rate. That suggests that the people coming into treatment aren't coming in—it may even be different by region, but even within a region, depending on your mix of industrial, women, what the word of mouth on the street is, or are you seeing all these areas?

Mr. JONES. All of the above. I've been in the business for a long time. And I used to consult the Weyerhaeuser Corp. in Klamath Falls. And other than waiting around waiting for a fire to happen, those people were all basically in a production position, and they used a lot of methamphetamine.

And I think any production business in this country, basically you're going to find the same thing. Methamphetamine is a stimulant. It is the drug of self- esteem. It is the drug that makes people feel efficient. Far greater than cocaine in that cocaine makes you feel that way for about 20 minutes, and methamphetamine will give you that for 10 to 12 hours or more, depending on the drug itself.

The comparison with the sexual orgasm is really more of a term, in that people, lay people don't seem to understand, if you haven't used it, what it feels like to have that kind of a rush, particularly if you inject. If you smoke it, it's similar, but it's about, you know, around 3 seconds. What is it like to have a feeling like that within 3 seconds, 5 to 3 seconds? Most lay people around, unless you've experienced it, have no idea.

So orgasm is used as a, well, that's similar, that's the competitor. What you'll also find out in talking to law enforcement is that the meth addicts do have a tendency to be very involved in high risk sexual behavior. And there's a lot of jokes and stuff around about sex toys and those kind of things.

My generational overview of that, actually developmental overview of that is that some of these folks have never participated in sexual behavior not stoned on some chemical. And that's a major issue that we have in our treatment program.

I think the thing I want to say about treatment more than anything else is that we have to really stay focused with them. They have to come in and see us a lot. Rather than traditional therapy and psychotherapy and issue-oriented kind of things, it's really im-

portant to have these folks kind of coming in two or three times week, if not more.

We have an ability to see people five times week. And sometimes we'll see them four or five times, you know, in a couple of days, you know, just coming in, having them give urine screens. It isn't about therapy as much as it is about contact and accountability and kind of keeping clean long enough to get to where they can get some therapy.

The problem we're having in the treatment arena is people expect it to be like surgery, where you go in and get the cure, you know, and never drink again. That doesn't work for people on meth. We have to keep these people involved in some form of treatment forever.

It's like my cardiac problems, you know. I'm going to be dealing with this forever. It's not—I'm not done just because I got a defibrillator and I'll get shocked if I don't behave. It's important for me to take the medications I need, it's important for me to do the followup work. It's the same thing with addicts.

And we tend to blow that off, and the addicts tend to blow it off. And, you know, I think that we are growing kind of a different addict with some of these folks in the criminality of it all.

My daughter, for example, at 26 years old, has significant legal problems that are going to follow her for the rest of her life, as far as employment and bonding and child care issues and HUD and all those things that go with that are major barriers. And I think those folks tend to not do as well out there in the world, and they do relapse more often, because they have so many more trip-ups.

You know, the alcoholic who works for the frozen food organization over there, he trips on it, he gets sent by his boss to go to treatment, and we work with his employer and ya-da, ya-da, ya-da, everything is fine afterwards. He keeps his job, he stays there, everything is fine.

With the meth addict, oftentimes there are so many hoops for them to jump through, that sometimes they say screw it. And I think the more we walk with them slowly and lower our expectations of what we expect out of them. Why would you want to—we expect someone to make $7.50 an hour working at Taco Bell when they've been making a couple thousand a day messing with speed.

I mean, it's very tough. They look at me like, how do I do that? And that's a process, not an event. They have to come talk to us. We have some groups that focus on that.

Mr. SOUDER. What you say is interesting, but the difference, other than drug addicted driving, which we need to get under control, like alcohol driving, it's mostly a process of right now getting cheap tests that police can administer because more people are dying from that.

But other than that, the alcohol addict probably is causing some financial problems in his family, maybe beating his child and family. I'm not arguing that. But they're not blowing up their home, they're not tying up local law enforcement, they're not polluting the local waters. And that's why it's a different type of a drug to deal with than alcohol. And we're not understating alcohol. We're trying to tighten this. Let me give it to him.

Mr. WALDEN. Thank you. And thank you, Rick, for your comments. I was going to have you explore just briefly for the chairman the discussion we had in Josephine County, the followup forum on the success of the women who had been clean and given birth and the savings that had been achieved as a result. And I think that was all tied into the Drug Court, right.

Mr. JONES. It was. Well, I have an interesting position, too. I run a treatment program that's actually owned by the Oregon Health Plan, one of the few—actually, the only one in the State. So I work with 20 doctors. I work with a small medical clinic.

We actually had a panel today to deal with prescribed medications that I had to miss because I was here. I thought this was important, and those guys could take care of that themselves. And so there's a big focus in my job and at my shop about medical issues and the whole frequent flyer kind of problem.

And, you know, a methamphetamine affected baby costs well over $1 million. And so they really like it when we have meth addicts who show up in our program who might be pregnant or get pregnant in the program and deliver a drug-free baby. We make a big hoopla out of it.

We give them gifts, we bring them before the judge. We give them a bear. We give them a certificate, we give the baby a certificate, the only Drug Court certificate they'll ever need. Because that's, like I said earlier, that's the epitome of prevention.

You know, women, we've had just a few more women than men graduate from our Drug Court program in Josephine County. And in my history, that's phenomenal. Back in the 1970's and 1980's, we didn't have women in treatment. We couldn't figure out how to balance all the issues, and we now have all these women in treatment and we're dealing with barriers of child care.

I didn't answer one of the issues you brought up about women and the sexuality and the weight loss and all those kinds of things. You know, that's a major package deal. We run across of a lot of these women that can't clean their house unless they're wired. And so it's kind of—just think if you don't sleep for a couple days what you can get done. I mean, it's amazing how that works.

So I have been real excited about the Drug Court piece down there.

Mr. WALDEN. Do you remember the numbers? I've forgotten the numbers.

Mr. JONES. We had 15 drug-free babies. And I didn't really have time to put together these statistics, but we had a high number of women in our——

Mr. WALDEN. The equivalent would be, at a minimum, maybe $15 million in savings just in the ER.

Mr. JONES. Oh exactly.

Mr. WALDEN [continuing]. Let alone the long-term costs of treatment care.

Mr. JONES. Not even really talking about what we know about the care of—I think you had actually mentioned the child and some of the issues that these kids have as they become teenagers and whatnot.

Mr. WALDEN. Go ahead, Karen.

Ms. ASHBECK. I just want to interject something about what Rick was saying. My daughter is 42. She's been fired from every job she's held. And it seems that's the pattern. She can't focus. She can't stay on track.

She was very sexually active, not in a good way, because she had multiple partners. And then she would use meth, and then coming off of it she'd go into a deep depression or she'd be in a depression before she used it. And my granddaughter is seeing all of this.

I mean, that's, you know, she had a grandpa and I at the same place. You know, we lived on a ranch outside of town, and she'd come out there and ride horses and stuff. But my granddaughter started using marijuana at age nine. So what she was saying—she was going to be with me here today. She's out sleeping in the car because she worked all night, but she wanted to be here.

She's clean right now, but she has pending charges against her. She may go to jail. We don't know. They were—can't go into why, but, anyway, so, you know, she has some issues that she has to deal with. But I remember when she was pregnant with her child and we were talking, and she said, "Does God forgive you if you make the same mistake over again?"

And I said, "Well, that depends on if you're doing it intentionally or if you're just doing it, you know, just because you know you're going to be excused."

And she said—and she's 16 years old. She said, "Well, I think God knows that my mom is fragile and that He will forgive her for what she does."

She's been her mother's care giver. And that's what you see with so many of these children. And like some of these case histories that I wrote down, is that the child becomes the parent. And my daughter would ask my granddaughter if she could have a party or if they could do this or if they could do that. And she's in the fifth grade.

You know, you don't ask your child—she was trying to be her daughter's best friend rather than her parent. And so then what happens is the child becomes the one who tells the parent what to do and manipulates that parent into doing what they want them to do. And they use each other. And it's sick. It's just so sad.

And you know it's going on. I accessed treatment for my granddaughter in three different treatment programs. She was in one in Portland and then she was in one in Boise, and then she went to El Cornelius Treatment Center in Baker for almost a year. But she would sabotage herself and fail so that they would—because if she felt success, then we would expect more of her.

Or, you know, I mean, there's—I'm sure Rick sees it all the time. But it's so frustrating. And now, you know, she has missed so much. And she says, "Grandma, there are things that I should know, but I just don't know them. It's like, 'Why don't I get that?'"

You know, and it's just common, everyday things that you should know; as feelings for your child or, you know, that pleasure center. And I visited with a lady who's 18 years clean from cocaine, and she said the hardest thing for her and her husband to do when they came off of cocaine was to know what to do to have fun. They don't know what to do.

Mr. WALDEN. Because that's what they've always done.

Ms. ASHBECK. And she said, "We always had friends, 'cause we had—my husband had a good job and we had lots of money, so we had lots of friends." "But," she said, "when we went off coke," she said, "then it was, you know, what do we do for fun."

It wasn't the sunset or the baby ducklings in the pond or any——

Mr. WALDEN. Let me go to Sheriff Trumbo. And then I know we've well gone over the time line of the committee. But I want to followup on this issue of the cleanup that I raised and the contracting thereof.

Can you tell me what—because you were kind of shaking your head back there when we were walking through how the contract works. Can you tell me what your officers and others in the community face when you do discover a lab and then how that contract works?

Mr. TRUMBO. The last two labs we had, we had to call the cleanup crew out of Portland to come in and clean them up because the Pendleton cleanup crew was in Portland cleaning up labs.

Mr. WALDEN. Let me get that straight.

Mr. TRUMBO. Pretty simple.

Mr. WALDEN. The Pendleton crew was sent to Portland to clean up a lab when you've got a lab here to clean up, so they send a crew from Portland to here to clean up a lab. Is that because the number came up for Pendleton, they get the next lab.

Mr. TRUMBO. Right.

Mr. WALDEN. So rather than—OK. So my fire analogy was pretty close; next fire that comes up in Portland, we'll send a Pendleton crew.

Mr. TRUMBO. So that's the challenge we're facing, because we have to have two lab site safety officers on the lab until the cleanup crew gets there. And when they come out of Portland, that's 4 or 5 hours. Because they have a minimum time they have to be here, but they don't push that, I'll guarantee it, because they're making money for every hour they're sitting in that truck.

So, you know, they're pushing right to the limit each time. But we have to sit there and guard that scene, and it becomes a real challenge for us.

Mr. WALDEN. And am I correct that the DEA picks up the actual cleanup costs——

Mr. TRUMBO. Yes.

Mr. WALDEN [continuing]. But not your officer time?

Mr. TRUMBO. No. But they don't pick up our overtime costs.

Mr. WALDEN. That's what I mean.

Mr. TRUMBO. And the protective suits and all the other things.

Mr. SOUDER. Because we were trying to sort this out earlier, let me see if I can understand this, because there's several things going on. DEA does the clean-up cost. Your primary pressure isn't the clean-up cost. Your primary pressure is how long they have to sit there until the agency——

Mr. TRUMBO. It's the manpower cost.

Mr. SOUDER. Therefore, the Kentucky model that enables you to do it directly or for minimal cost would enable your officers to get out of the way, and then the DEA comes in and cleans it up.

Mr. TRUMBO. Absolutely.

Mr. SOUDER. So that would——

Mr. TRUMBO. That would save the Federal Government hundreds of thousands of dollars every year.

Mr. SOUDER. Because this is what, in Indiana, our State police run the cleanup, so they can do the first sites. And part of our problem is to try to get enough of those mobile labs. And we don't have enough mobile labs to come in.

So we have all these police agencies sitting in a minimum of 4 hours up to 8 hours with drug teams of four people, tying up in some counties the entire police narcotics force. And if there's a way to seal that in 30 minutes such that the site is secure enough that the officers can leave or just leave one person, you change the cost dynamics for overtime substantially.

Mr. TRUMBO. We spent about $360,000 in this county last year on drug cleanup. That includes what DEA paid and what our overtime cost and equipment costs and everything else, about $360,000.

Mr. SOUDER. You said that included the DEA costs.

Mr. TRUMBO. That includes everything. But it's all taxpayer money, whether it's Federal, State, or local. It's still taxpayer money, which is what I said in my speech. You know, you become a victim and a victim and a victim, and you keep paying.

Mr. WALDEN. So one of your issues is the delay in the cleanup.

Mr. TRUMBO. Yeah. It becomes a real major delay, especially with us. Right now my staffing level is one-third of an officer for every thousand people, and I should have an officer and a half for every thousand people. So that becomes a big issue.

And one of our patrol officers is site safety trained, which means we pull him off the street, stick him in a protective suit, send him out.

Mr. WALDEN. And help me understand this; are you required to have more than one officer on the site?

Mr. TRUMBO. We have to have two.

Mr. WALDEN. And they have to be site trained.

Mr. TRUMBO. They have to be site safety officers, and they have to be trained, and they have to have the proper equipment.

Mr. WALDEN. Why do you have to have more than one? I would think one of you standing there well-armed would be enough to chase away anybody that was going to mess around.

Mr. TRUMBO. That's an OSHA requirement, isn't it? State of Oregon stepped in and said they wanted two.

Mr. WALDEN. Is that what's required elsewhere across the country, or is that an Oregon requirement?

STAFF MEMBER. It just depends on State law.

Mr. SOUDER. I think it's Oregon.

Mr. WALDEN. Does anybody know what it is in Washington? Do they have to have two?

Mr. TRUMBO. The thing that concerns me—and at one time a couple years ago, DEA might have dried up and DEQ stepped in. But if it came down to the local level having to suffer the cost of cleanup——

Mr. WALDEN. You wouldn't bust many labs.

Mr. TRUMBO. Well, that, and, in fact, there would be some things done to try to circumvent some of the costs, and we don't want to go there. You know, we've still got an environment, we've got a

neighborhood, and we want things done correctly. So there's got to be some way of doing it correctly and then saving taxpayer money.

Mr. SOUDER. I just want to ask a followup question because it's so refreshing to hear a local official say, hey, it's all the taxpayers' money, it doesn't matter which level.

Mr. TRUMBO. Well, it's the same thing when people say, you know, "I'm not affected by methamphetamines because I live in a good neighborhood and my kids don't use it," and all that.

And I say, "Fine, you're the same one that's paying the taxes. Who do you think is paying the freight on this thing?"

Mr. WALDEN. Yeah, the editor of the Medford Mail Tribune, we had a forum in Medford, and he was talking about how they'd done a series on it, front page sort of deal, and a reader had called in to complain that they were wasting all the paper on covering this issue that had no effect on him and why were they doing that?

And he recounted that story.

Mr. TRUMBO. And what we're experiencing here on the local level, and I talked about these indirect costs, what's happening now is these meth abusers are stealing cars and they're driving right to the front of a business and right through the front door. And then they're stealing everything, throwing the stuff in the stolen car and—so now not only do we have theft, we have some major building destruction because they're driving right through the front doors.

Mr. JONES. Mr. Chairman, there was some discussion earlier about the difference between alcoholics and meth addicts or alcohol and meth, and I'd just like to quickly draw an analogy in that—because I don't know about the rest of the State, but Josephine County still has a significant drunk driving problem.

And most of the drunk drivers that come into my treatment program are repeat offenders. And they don't understand anything about the fact that they're driving a bullet down the road than the meth addict understands that he's messing up someone's property.

It's big to us, but they're just as much messed up up here as the alcoholic is who thinks—I guess in D.C. you really can't drive at all, unless—if you've had one glass of wine, I heard on the news this morning, which is fine, but they're in just as much denial about the effect.

The guy that drove the car into the building over there—I mean, I'm not soft on crime, but he doesn't understand it any more than the guy driving down the road drunk. The disease of addiction is the disease of addiction regardless of the drug.

Mr. SOUDER. Let me just ask on that, because you're getting—do you—one of the questions about meth, and as we look at treatment is does meth do different things to your body than others and does it cause quicker negative damage to your body?

Mr. JONES. Definitely.

Mr. SOUDER. More than other drugs? And in case that, for example, the question of whether somebody can hold a job, does it depend somewhat whether they—I would think if crystal meth is pure, that crystal meth would burn you out quicker and you'd start to lose your job quicker and so on.

Mr. JONES. The lifestyle issues are certainly huge. They are certainly much huger than alcohol. We've known that for decades.

Mr. SOUDER. Are there meth users that would—like some people smoke a little bit and then some drinkers drink more on weekends or that type of thing. Are meth users, do they binge? Do they control some? Or is it such that you just have straight downhill?

Mr. JONES. Well, I think it's just like anything else. We see people who do that. We see bingers.

Mr. WALDEN. But that suggests you can control the extent——

Mr. JONES. Well, there are people that, because of their lifestyle issues, use occasionally every drug. And then there are people because of whether it's genetics or lifestyle issues or whatever they were raised with, use one time and they're gone. I don't think you can lump it all into——

Mr. SOUDER. I understand that basic principle: Some people can handle more alcohol and less and react differently. The question is, is meth unique or relatively unusual as a drug that its addictive properties—and we've had different testimony of what it does to your brain and body—is such that you can't kind of restrain yourself.

Mr. JONES. It becomes that way. I think for some it's a matter of time. I mean, there are people, just like anything else, we call it tapering on, rather than tapering off, in the business. There's no question at all that methamphetamine is a very toxic, quick-acting substance.

But the addiction, you know, it carries the same symptoms. You know, the denial about how it's affecting me and all those things, that's what I'm really trying to get across. It does happen much more rapid in some people.

My philosophy is, if you've got a screw loose and you use methamphetamines, you're going to knock it out of its socket. You know, it really depends what you've got going on——

Mr. WALDEN. It amplifies.

Mr. JONES [continuing]. When you put that stuff in your system as to what can happen next.

Mr. SOUDER. Ms. Ashbeck, you said that your daughter said, when you asked her—was it your granddaughter or daughter that said, you know, what could you have done, and she said she could have come in contact with the law sooner.

Ms. ASHBECK. Uh-huh.

Mr. SOUDER. Could you elaborate on that a little bit? And do you think that really would have had an impact? And then the second thing with that is, would it also, if there was a drug test at work, would that have had a similar impact.

Ms. ASHBECK. No. Because she wasn't working. She was just doing the drug.

With the matrix system the way it's set up, it's five points. It's a point system. And she said she would get picked up and all she could think in her mind was book and release, book and release, book and release. That's it. They book and they release them.

She said that for her, getting locked up sooner would have helped her. It might not have some others, because while she was in jail, she visited with some of the other inmates and they maybe had been in there 7 to 8 months, and they couldn't wait until they were out to go get their first hit.

That wasn't the case with her, although she did relapse after a short time out, but has been, so she says, clean for about the last 9 months.

But here comes the story of, you know, credibility, rebuilding credibility and trust. She hasn't been in any trouble, she's been working, and she's gained some weight, so, you know, those are all really good signs. She's been lucid in the times that we've been around her.

But I think the way that the system is set up, there was a point in time where, when we were in this very room, and the judge had the opportunity in his hands to say, "You need—this is what I'm going to do for you, and you need to go to—I'm going to say that you need to go to treatment."

And he didn't do that. He could have, but he didn't, whatever the circumstances.

And I think that we need to be more aware of what is actually going to help the people, what are the precursors that makes one person choose a drug and not another. I'm from a family of alcoholics. My father committed suicide when I was 11 because of alcohol addiction.

My grandfather was. My mother was. I'm not. I like an occasional glass of wine. But my two daughters are drug addicted. My granddaughter is drug addicted, but my son isn't. So what are the precursors?

And, you know, all three children were raised in the same house. Two were girls, one was a boy. But it's like they were saying, some people are predisposed. Some people are predisposed to alcoholism, some people are predisposed to drugs.

The drug was attractive to my granddaughter because of how her relationship was with her mother and the world that they lived in, that's what it was, even though she had another world to go to and she could, you know, she had us as a good example. And she had other friends as good examples.

But it's just that some people are more destined to do that. What—you know, we could go on all night to figure out what that is. You know, is it genetics, is it self-esteem, is it ADHD, is it bipolar? What is it? Maybe it's all of those.

But I think catching them as soon as you know they have the problem and separating them from the drug is extremely important. Jail, I would say jail detox, in a situation—and I don't know that jail is the answer. But separating the person from the drug is most important. And then rehab is extremely important.

And not for 30 days like some insurance people want to say. It has to be long-term. They have to learn a new way of thinking. And the sooner you catch them, the less damage is going to be done to their brain.

But like my daughter who's been doing drugs now for over 20 years, what's the hope for her? She's with a man now who really loves her and cares for her and is getting her help, but will she ever be able to hold down a job? She might, if she's the greeter at Wal-Mart maybe.

But to stay on track—you know, she's a wonderful, wonderful lady, but it's just not there for her anymore. And it's so sad to see that. And, you know, I'm sure that Rick will agree with me, the

sooner that you catch them and separate them from the drug, the better luck you have or our prisons are going to be full and we may have a State orphanage because the children are getting neglected.

Amber, my granddaughter, is fortunate to have the support that we're giving her. Our family is divided, because some say, you know, she made her choice. Well, you know, God never gave up on us. I'm not giving up.

If I didn't wake up with hope in my heart, I wouldn't get up in the morning. It reminds me of a little song: The more we work together, they happier we'll be. You know, your friend is my friend and my friend is your friend.

It's simple, but that's exactly what we need to look at here, is that we all need to work together to stop this menace.

Mr. SOUDER. Before closing, I need to ask Ms. Baney one question.

Ms. BANEY. Yes.

Mr. SOUDER. Did your group just go through this review on the national grant structure.

Ms. BANEY. No not to my knowledge, no.

Mr. SOUDER. Do you know—ONDCP is doing a review right now of all the different community grants. Did you hear anything back? We have chaos at the national level.

Ms. DEATHERAGE. Yes, there's chaos here, too. I know that Oregon Partnership is the fiscal agent for the grant. We received our scores, but I haven't—I just got an e-mail yesterday saying that they want to come out and do a site review next year. We're in our second year. We've not been site reviewed yet.

Mr. SOUDER. And you said you had 33.

Ms. DEATHERAGE. Uh-huh.

Mr. SOUDER. Of the 33, through either of you, do you know how many of them got renewed.

Ms. DEATHERAGE. I could find out. I don't know off-hand. I don't know.

Mr. SOUDER. If you could give that to me, because my understanding is they suspended 20 percent.

Ms. DEATHERAGE. OK, 63 were defunded and 88 were put on probation.

Ms. BANEY. We were not one of those.

Mr. SOUDER. Thank you. Thank each of you for your openness today, for your testimony. If you have other things you want to submit, if you could get those to us as soon as possible. Also, thank you for your leadership in each of the communities you're a part of.

With that, the subcommittee stands adjourned.

[Whereupon, at 5:55 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

ONEA

Oregon Narcotics Enforcement Association

October 14, 2005

Written Testimony
of Rob Bovett, ONEA Legal Counsel and OADEC President, before the
United States House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Dear Chair Souder, Congressman Greg Walden, and Members of the Subcommittee,

Thank you for allowing me the opportunity to present you with a few brief thoughts for your hearing entitled "Stopping the Methamphetamine Epidemic: Lessons from the Pacific Northwest." Here in Oregon, we have enjoyed strong bi-partisan leadership in the battle against meth, both at a state level, and in our entire Congressional delegation.

As I am sure you are all quite aware, any solution to our meth epidemic will require strong action in three areas: Prevention, Enforcement, and Treatment (the so-called three-legged stool or "PET Project"). There is much to be done, and many things can be learned from our failures and our successes here in the Northwest. I would like to focus on just one piece of the big puzzle: Pseudoephedrine.

As you know, meth is different from many other drugs of abuse. First, meth use creates more collateral damage - on addicts, families, neighborhoods, communities and, most tragically, children. Second, it doesn't occur in nature. You can't grow meth. It must be "cooked" up in a meth lab with pseudoephedrine, an ingredient used in some cold medicines. This means meth is almost uniquely susceptible to supply-side intervention.

The U.S. Senate recently passed the Combat Meth Act. The Senate plan would nationalize the pseudoephedrine control rule adopted last year in Oklahoma and Oregon. That rule has proven to be the only effective method of significantly reducing local toxic home meth labs, which pollute neighborhoods and poison drug endangered children. The Senate plan, however, lacks any effective control of the international pseudoephedrine feeding the "super" meth labs in Mexico. Those super labs make most of the meth that is on our streets today.

In response, you have recently introduced the Meth Epidemic Elimination Act. Unlike the Senate plan, the House plan has provisions to cut off U.S. foreign aid to countries that fail to address the illegal diversion of pseudoephedrine to the super labs. I think it could be made even more effective if you added economic sanctions as well (we need both a carrot and a stick). I also think we would be well-served by better securing our borders - not just for meth, but for basic national security in a very insecure world.

Rob Bovett
ONEA Legal Counsel
225 W Olive Street, Room 110
Newport, OR 97365
(541) 265-4108
(541) 265-4176 (fax)
rbovett@co.lincoln.or.us

ONEA
PO Box 17173
Salem, OR 97305
(503) 581-4168
(503) 366-3685 (fax)
www.onea.org

Written Testimony of Rob Bovett
October 14, 2005
Page 1 of 2 pages

I was in Washington DC all last week. The hot debate appears to be whether to go with the Senate plan to control domestic meth labs, or the House plan to control international meth labs. This is not rocket science. The simple answer is this: **We need both.** The Senate plan alone would fail to address the bigger meth supply issue. The House plan alone would be a possible recipe for disaster by driving up the incidence of home meth labs to make up for the loss of meth supply.

Adopting the Senate plan will require strong leadership in the face of opposition by some of the pharmaceutical industry. Oregon Governor Ted Kulongoski said it bluntly: "The pharmaceutical companies can make this stuff without pseudoephedrine. I think the federal government has to tell the pharmaceutical companies 'stop this.'" Instead, the Administration has proposed weak legislation and "voluntary industry-led programs."

Adopting the House plan will require strong international leadership. I hope you will enact this powerful bill, and I hope the Administration will use its power, rather than continue working without a carrot or a stick.

If you haven't yet read the *The Oregonian* series "Unnecessary Epidemic" and its follow-up stories, I strongly encourage you to do so. The stories and facts are both shocking and compelling. Please do whatever you can to ensure the passage of both the Combat Meth Act and the Meth Epidemic Elimination Act, so the East Coast can avoid the devastation of a full-blown meth epidemic, and we can get some relief out here in the West.

Sincerely,

Rob Bovett

Legal Counsel, Oregon Narcotics Enforcement Association (ONEA)
President, Oregon Alliance for Drug Endangered Children (OADEC)
Chair, Drug Endangered Children (DEC) Subcommittee, Governor's Meth Task Force

www.onea.org

www.oregondec.org

Rescue. Defend. Shelter. Support.

State Representative Greg Smith
House District 57
Morrow, Umatilla, Union, & Wallowa Counties

Testimony Submitted to the
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Field Hearing on "Stopping the Methamphetamine Epidemic: Lessons from the Northwest"

October 14th, 2005
Pendleton, Oregon

Mr. Chairman, members of the Subcommittee, thank you for making the trip to Eastern Oregon today. We really appreciate you taking the time to hold this field hearing in Pendleton. So often rural Oregon gets over looked, and it is refreshing to see congress taking notice. This is a beautiful territory, rich in pioneer heritage, but troubled by modern day problems such as the one you focus on here this afternoon.

My state legislative district includes all or part of four counties including Umatilla. I have heard and seen how the meth epidemic plaguing our state has hit home in my district. I have talked to our law enforcement officers who have trouble patrolling miles of rural countryside let alone investigating the possible location of a meth lab operated in some run-down farm house.

Last spring, the 16 members of the Judiciary Committees from the Oregon House and Senate came here for an all day public hearing on this very issue. They experienced story after story from victims, prosecutors, police, treatment providers and citizens.

During that testimony Umatilla County Sheriff John Trumbo said his county had the largest number of meth lab seizures per capita of any county in Oregon in 2004. Dan Coulombe, the Police Chief for the City of Hermiston, testified that in 2004 his department handed out 732 speeding citations but there were more than 800 charges issued for possession, distribution and manufacture of methamphetamine. He also pleaded with the panel for stronger punishments, using the example of one offender who had 20 different meth related arrests since June of 2003.

I wanted to find out how my constituents felt about this problem first hand so I co-sponsored a "Meth 101" forum in February this year. Residents had two messages. They wanted Oregon to be the toughest state for meth cooks to mix up their poison and they wanted to make it harder for criminals to get access to the ingredients for their toxic recipe. Later, Delphine Palmer, City Manager in Milton-Freewater, told me about a meth producer in her town who was charged four times in the past two years for manufacturing but he never served hard time.

900 Court Street, NE H-280, Salem, Oregon 97301 www.leg.state.or.us/smithg
503-986-1457 rep.gregsmith@state.or.us

These stories stayed with me as the Oregon Legislature adopted a comprehensive package of reforms which not only increased punishments for meth dealers, but also dealt with the hazardous materials left behind from meth labs, and added more treatment programs tied to drug courts. As you may have heard, Oregon became the first state in the country to require a prescription for cold medicines containing pseudoephedrine. I applaud congress for working on similar restrictions.

In one of the counties I represent, Union county, children are present in 55% of the locations where meth is cooked, and in many cases meth shows up in their bloodstream because the powder is so thick in the air. When innocent children become collateral damage, we must take strong action. The new state legislation includes special protections for these kids, including revoking a parent's visitation rights.

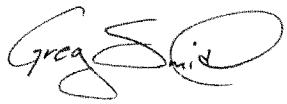
I am gratified state lawmakers were able to do their part, but we need help from our partners at the federal level. The U.S. Drug Enforcement Administration indicates 35% of the meth supply in Oregon is home grown, the other 65% is imported, mostly from Mexico. It will take resources only the federal government can provide to help us make a dent in this problem. The U.S. Attorney's Office recently announced the number of meth labs found in Oregon dropped from 447 in 2004 to 119 in just the first half of 2005. I know with your help we can stop the flow of this menacing drug by forces outside our borders.

Let me conclude by saying Eastern Oregon is extremely fortunate to have Congressman Greg Walden. He is an effective leader in so many ways for our state. Most recently by convincing the White House Office of National Drug Control Policy to designate Umatilla County as a High Intensity Drug Trafficking Area. Only a handful of communities were named HIDTA this year, and Umatilla County is certainly in need of assistance.

I know you will hear testimony from many Oregonians today who echo my sentiments; this epidemic is destroying our neighborhoods and our families. It is putting a strain our social services and criminal justice system. It must be stopped.

If there is anything I can do to assist this esteemed committee please don't hesitate to call on me.

Sincerely,



Greg Smith
State Representative
House District 57

900 Court Street, NE H-280, Salem, Oregon 97301 www.leg.state.or.us/smithg
503-986-1457 rep.gregsmith@state.or.us

Responses to Questions from Congressional Hearing:
"Stopping the Meth Epidemic: Lessons From the Pacific Northwest."

February 13, 2006

To: Chairman Souder,
Committee on Government Reform,
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Submitted by: Shawn Miller, Oregon Grocery Association

Question 1

Approximately how many towns in Oregon do not have any pharmacy at all within the town limits? Approximately how many towns in Oregon do not have a pharmacy open for 24 hours a day within the town limits?

There are 240 towns in Oregon according to the 2005/06 Oregon Blue Book, and the Board of Pharmacy's records indicate that pharmacies are in 130 towns, which leaves 110 towns without a pharmacy. 24-hour pharmacies are fairly limited in Oregon and present only in urban areas such as Portland, Salem, Eugene, Bend, and Medford. Independent pharmacies in most of the smaller towns, outside of urban areas, do not operate 24-hours a day and often do not operate 7 days a week.

Question 2

What is your association's best estimate of the typical reduction in the number or type of pseudoephedrine products as a result of Oregon's laws forcing such products "behind the counter"? What is your association's best estimate of the future reduction that will occur as a result of the law recently enacted in Oregon that would force consumers to obtain a prescription for pseudoephedrine products?

There has been about a 50 percent reduction in the types of pseudoephedrine products that are available to consumers when Oregon adopted rules requiring pseudoephedrine products "behind the counter." Oregon's prescription requirement goes into effect on July 1, 2006 and it is not yet known if stores will further reduce the number of products that are available to consumers.

Responses to Questions from Congressional Hearing:
"Stopping the Meth Epidemic: Lessons From the Pacific Northwest."

Question 3

What is your Association's best estimate of the number of (a) grocery stores, and (b) convenience stores, that would close as a result of laws that prohibit non-pharmacies from selling pseudoephedrine products?

OGA does not believe a store will close by not being able to sell pseudoephedrine products. OGA is more concerned with customers having reasonable access and choice of cold/cough medications. While PSE sales restrictions are unlikely to directly result in a store's closure, if this trend spreads to other OTC products, it would negatively impact grocery stores that already operate on a low profit margin.

Question 4

What is your Association's best estimate of the reduction in profit for grocery stores and convenient stores, as a result of laws that prohibit non-pharmacies from selling pseudoephedrine products?

Non-pharmacy stores will not be able to sell pseudoephedrine products effective on July 1, 2006, so it's difficult to estimate revenue loss that will be attributed to pseudoephedrine products. However, if a store is precluded from selling PSE products, the store will suffer residual sales loss as customers change their shopping patterns. The customer may make a store with a pharmacy their primary shopping destination. As a result, stores without a pharmacy will see a measurable erosion of its customer base.

U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

February 16, 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 Rodney C. Benson, Special Agent in Charge of DEA's Seattle Field Division, after his testimony at the Subcommittee's October 14, 2005 hearing entitled "Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest."

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
Assistant Attorney General

Enclosure

cc: The Honorable Elijah Cummings
Ranking Minority Member

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

"Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest"

October 14, 2005

Rodney G. Benson
Special Agent in Charge
Seattle Field Division
Drug Enforcement Administration

1. **Please provide the Subcommittee with a year-by-year breakdown of the number of drug lab cleanups administered by DEA, and the annual amount spent by DEA on those cleanups, from FY 2002 – FY 2005, for each of the states of Oregon and Washington.**

   The annual number of cleanups administered by the DEA in Oregon and the annual cost of those cleanups are listed below:

FY	Number of Cleanups	Annual Cost
2002	335	$789,322.72
2003	340	$679,658.86
2004	391	$540,026.13
2005	224	$605,988.92

   Listed below are the annual number of cleanups administered by the DEA in Washington and the annual cost of those cleanups:

FY	Number of Cleanups	Annual Cost
2002	42	$156,065.48
2003	15	$52,356.48
2004	20	$73,594.54
2005	5	$24,272.50

2. **Please provide the Subcommittee with a year-by-year breakdown of the number of state and local personnel given clandestine laboratory training by DEA, along with the annual amount spent by DEA on such training, from FY 2002 – FY 2005, for each of the states Oregon and Washington.**

Listed below are the annual number of state and local officers provided with clandestine laboratory training by the DEA's Office of Training in Oregon and Washington:

FY	Oregon	Washington
2002	45	75
2003	33	32
2004	21	33
2005	48	41

The DEA's Office of Training does not maintain records by state regarding the funds spent in providing clandestine laboratory training to state and local law enforcement officers. From FY 2002 through FY 2005, the DEA's Office of Training expended in excess of $11,000,000 in providing various clandestine laboratory training courses to state and local law enforcement officers from across the country. Approximate annual amounts expended by the DEA in providing this training to state and local officers during this timeframe are as follows: FY 2002 - $3,564,384; FY 2003 - $3,354,741; FY 2004 - $2,322,803; and FY 2005 - $2,032,221 (estimated). In addition to the funds expended by the DEA to provide clandestine laboratory training to state and local officers, in 2003, the DEA's Office of Training entered into partnerships with the National Guard and various state agencies to provide additional clandestine laboratory training courses to state and local law enforcement officers.

3. **How many task forces, participated in by DEA, in each of the states of Oregon and Washington receive any funding from –**

   a. **the Byrne Grants/Justice Assistance Grants;**

   b. **the COPS "Meth Hot Spots" grant program; or**

   c. **the DEA directly.**

3-a - the Byrne Grants/Justice Assistance Grants:

The following information is based on the most current available information from the Department's Office of Justice Programs, which administers the Byrne Grant/Justice Assistance Grants.

Of the seven grantees in Oregon who received such funding from FY 2002 through FY 2004, the DEA offices located in Oregon participated in three of the task forces. The DEA's participation included co-location with one of the task forces, the assignment of a Special Agent to a task force, as well as serving on the task force's Executive Board and regular interaction with the remaining task force.

The DEA offices in Washington State participated in 16 of the task forces of the 20 grantees in the State of Washington who received such funding from FY 2002 through FY 2004.[1] This participation ranged from having two Special Agents assigned to one of the task forces, to full-time ongoing participation with the task forces and also case-by-case participation. Additionally, the DEA's Office located in Portland, Oregon has a Special Agent assigned to assist one of the Washington State task forces.

3-b – the COPS "Meth Hot Spots" grant program:

The following information is based upon the most current available information from the Department's Community Oriented Policing Services program.

Of the five grantees in Oregon who received such funding in FY 2005, three are not drug enforcement task forces. The funding for these three grantees is for the purposes of either community prosecution, forensic lab enhancement, or drug prevention.[2] The DEA does not participate on the two task forces in Oregon that receive this funding, though investigations have been conducted in conjunction with the task forces.

The DEA does not regularly participate with the grantee in the State of Washington who received this funding in FY 2005.

3-c – the DEA directly:

The Seattle Field Division has a total of ten DEA Task Force Groups in the states of Oregon and Washington. In Oregon, DEA funded task force groups operate within our offices located in Portland, Salem, Eugene, and Medford. In the State of Washington, the DEA has task force groups operating within its offices in Seattle (two groups), Tacoma, Spokane, Blaine and Yakima. The task force positions in the two groups within the Seattle Divisional Office are funded through the Northwest High Intensity Drug Trafficking Area (HIDTA). In addition to the task force groups noted above, DEA funded task force officers are assigned to the Seattle Divisional Office's Financial Investigative Team and the Organized Crime Drug Enforcement Task Force (OCDETF) Enforcement Group. The DEA also funds task force positions in Blaine, Spokane, Tacoma, and Yakima. Also, some of the positions within the Spokane Resident Office are funded through the Byrne Grant Program.

4. **How many cases in each of the states of Oregon and Washington have been funded by the OCDETF program, for each of the fiscal years FY 2002 – FY 2005? Of those cases, how many (in each year) involved methamphetamine?**

---

[1] All 20 received funding to some degree in FY 2005.

[2] (Note: the DEA's office in Portland participates in the Oregon Partnership by having a representative on the Board of Directors).

From FY 2002 through FY 2005, 36 OCDETF investigations from the State of Oregon received funding through the OCDETF program. Of this total, 17 of the investigations involved methamphetamine. Specific breakdowns by year and methamphetamine-related investigations are detailed in the table below.

FY	OCDETF Investigations	Methamphetamine Related OCDETF Cases
2002	14	5
2003	4	2
2004	4	4
2005	14	7

From FY 2002 through FY 2005, 52 OCDETF investigations from the State of Washington received funding through the OCDETF program. Of this total, 21 of the investigations involved methamphetamine. Specific breakdowns by year and methamphetamine-related investigations are detailed in the table below.

FY	OCDETF Investigations	Methamphetamine Related OCDETF Cases
2002	10	2
2003	5	2
2004	23	10
2005	14	7

5. **For each of the states Oregon and Washington, please identify the contractor(s) hired by DEA in connection with lab cleanups, and describe the system for assigning those contractor(s) to individual lab cleanups.**

Pursuant to the terms of a settlement agreement reached through the Government Accountability Office the DEA is required to rotate hazardous waste cleanups among several qualified contractors serving Oregon and Washington. Prior to November 14, 2005, the process of assigning contractors was initiated by a telephone call from local law enforcement authorities to the DEA office responsible for their (local law enforcement) area. The telephone call was then transferred to the DEA Hazardous Waste Disposal Section in Washington, D.C. (during normal business hours) or to the DEA Headquarters Command Center (after hours). A computer program was used to capture data necessary to provide the cleanup service. The program automatically determined the contract area and from the rotation list, selected the next available contractor servicing that area to provide the cleanup

cleanup services. The law enforcement official placing the telephone call was provided with the name and telephone number of the cleanup contractor, whom they in turn contacted to provide pertinent details concerning the lab seizure.

As of November 14, 2005, the cleanup procedure for Oregon and Washington was revised in an attempt to provide better service by reducing the response time for the contractors to arrive on the scene, thereby reducing the time state and local law enforcement remained at the lab site. Currently, the Seattle Field Division's Clandestine Laboratory Coordinator (CLC) receives the initial telephone call from state and local law enforcement personnel concerning the seizure of a lab. After obtaining all pertinent information concerning the lab seizure, the CLC then determines which hazardous waste contractor to use for the cleanup of the lab. This determination is made based upon a list of contractors who have approved Blanket Purchase Agreements. After selecting the cleanup contractor, the CLC provides the law enforcement official with the name and telephone number of the cleanup contractor in order for them to provide additional information to the contractor. The CLC subsequently forwards all pertinent information to DEA Headquarters.

The list of contractors and sub-contractors with Blanket Purchase Agreements (BPAs) serving Oregon and Washington are as follows:

The State of Oregon has six BPAs:

1. Dayspring Restoration
   Missoula, MT

   Subcontractor:
   NRC
   Portland, OR

2. Environmental Compliance
   Anchorage, AK

3. Envirosolve
   Tulsa, OK

4. McGillivray Environmental
   Osburn, ID

   Subcontractors:

   McGillivray Environmental
   Middleton, ID

   Environmental Quality Management
   Portland, Oregon

   Environmental Quality Management
   Lynnwood, WA

Rinchem
Albuquerque, NM

5. NW Hazmat
Springfield, OR

Subcontractor:

Sparta Environmental
Portland, OR

6. Summitt Environmental, Inc. (12 subcontractors)
Wake Village, TX

Subcontractors:

D & L Excavation Inc.
Rock Springs, WY

Eastern Oregon Environmental Recovery
Pendleton, OR

Able Clean-Up
Spokane, WA

Advanced Cleanup Technologies, Inc.
Colton, CA

Advanced Cleanup Technologies, Inc.
Oxnard, CA

Advanced Cleanup Technologies, Inc.
San Diego, CA

Advanced Cleanup Technologies, Inc.
Bakersfield, CA

Advanced Cleanup Technologies, Inc.
Rancho Dominguez, CA

Meth Lab Cleanup
Butte, MT

Rinchem
Albuquerque, NM

Ecological Environmental Services, Inc.
Midland, TX

Materials Testing and Inspection
Boise, Idaho

The State of Washington and upper region of Idaho have six BPAs:

1. Dayspring Restoration
   Missoula, MT

   Subcontractor:

   NRC
   Portland, OR

2. Kleen Environmental Technology
   Seattle, WA

3. McGillivray Environmental
   Osburn, ID

   Subcontractors:

   McGillivray Environmental
   Middleton, ID

   Environmental Quality Management
   Portland, Oregon

   Environmental Quality Management
   Lynnwood, WA

   Rinchem
   Albuquerque, NM

4. Summitt Environmental, Inc. (12 subcontractors)
   Wake Village, TX

   Subcontractors:

   D & L Excavation Inc.
   Rock Springs, WY

   Eastern Oregon Environmental Recovery
   Pendleton, OR

   Able Clean-Up
   Spokane, WA

   Advanced Cleanup Technologies, Inc.
   Colton, CA

Advanced Cleanup Technologies, Inc.
Oxnard, CA

Advanced Cleanup Technologies, Inc.
San Diego, CA

Advanced Cleanup Technologies, Inc.
Bakersfield, CA

Advanced Cleanup Technologies, Inc.
Rancho Dominguez, CA

Meth Lab Cleanup
Butte, MT

Rinchem
Albuquerque, NM

Ecological Environmental Services, Inc.
Midland, TX

Materials Testing and Inspection
Boise, Idaho

5. Aaliance Environmental
   Post Falls, ID

6. Envirosolve
   Tulsa, OK