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THE METHAMPHETAMINE EPIDEMIC IN COLORADO

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

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THE METHAMPHETAMINE EPIDEMIC IN COLORADO

FRIDAY, JULY 7, 2006

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

The subcommittee met, pursuant to notice, at 10 a.m., Loveland Municipal Building, 500 East Third Street, Loveland, CO, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Kilcoyne, and Musgrave.

Staff present: Dennis Kilcoyne, counsel; and John Dudley, congressional fellow.

Mr. SOUDER. Good morning, and I thank you all for coming. This hearing continues our subcommittee's work on the growing problem of methamphetamine trafficking and abuse, a problem that has ravaged communities across the country.

I'd like to thank my fellow Member of Congress, Marilyn Musgrave, who invited us here to her district. She has been a strong advocate in the House for an effective bipartisan anti-meth strategy. I'm looking forward to working with her on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available. It's also one of the easiest to make. It is perhaps best described as a perfect storm, a cheap, easy-to-make drug with devastating health and environmental consequences, which consumes tremendous law enforcement and other public resources and is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the 15th hearing focusing on meth held by the subcommittee since 2001. In places as diverse as Indiana, Oregon, Hawaii, Minnesota and North Carolina, I have heard moving testimony about how this drug has wreaked havoc on people and their families.

I've 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, then, we try to get a picture of the state of meth trafficking and the abuse in that regional area. Then we ask three questions.

First, where does meth in the area come from, and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the Federal Government partner with State and local agencies to deal with this problem?

The next question, that of meth supply, divides into two separate issues, because the 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 located 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 80 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug-trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

A second major source of meth comes from small local labs that are generally unaffiliated with major trafficking organizations. These labs, often called mom-and-pop or clan or nazi labs, have proliferated throughout the country, often in rural areas.

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 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 chemical saturation in the houses used to make the drug.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many States, including Colorado, have passed various forms of retail sales restrictions on pseudoephedrine products like cold medicines.

Some States limit the number of packages a customer can buy. Others have required that cold medicines be placed behind pharmacy counters. Retail sales restrictions appear to have had a major impact on this number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico or better control of drug smuggling on our southwest border or both.

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

And I should point out I'm going to ask the question—we have seen a major rise in Oregon and a couple of States of Internet sales of pseudoephedrine, and I want to see if we're seeing any of that in Colorado. And Oklahoma has another variation of it. So the States that did the pseudoephedrine control first are now finding that even their mom-and-pop labs are starting to curve back up.

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 helps the work of community anti-drug coalitions to bring drug use prevention education to young people; and the President's Access to Recovery treatment initiative, which seeks to broaden the number of treatment providers.

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. Currently, the Federal Government does provide a number of grants and other assistance programs to State and local agencies.

In addition to the programs I mentioned earlier, the Byrne Grants and the COPS Meth Hot Spots programs help fund anti-meth law enforcement task forces. The DEA and other agencies assist State and local agencies with meth lab cleanup costs. The Safe and Drug-Free Schools program and the National Youth Anti-Media Drug Campaign help schools and other organizations 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.

Fortunately, I believe a big step forward was taken in March, when Congress passed and the President signed into law the Combat Methamphetamine Epidemic Act. This comprehensive law is designed to tackle meth trafficking in every State, from precursor chemical control to international monitoring, from environmental regulation to child protection.

There was a strong bipartisan cooperation. The legislation moved through Congress quickly as Members got the message from the grassroots that meth doesn't respect State boundaries. We will be closely watching the implementation of this law and looking for new ways to thwart meth traffickers and help those individuals, families and communities that have been devastated by this drug.

We have an excellent group of witnesses today who will help us make sense of these complicated issues. For our first panel, we are joined by Mr. Jeff Sweetin, assistant special agent in charge of the DEA's Denver Field Division.

For our second panel, we are joined by the Honorable Larry Abrahamson, district attorney for the 8th judicial district; the Honorable Ken Buck, district attorney for the 19th judicial district; the Honorable John Cooke, sheriff of Weld County; Lieutenant Craig Dodd, Commander of the Larimer County Drug Task Force; and the Honorable Janet Rowland, who is a commissioner from Mesa

County; and the Honorable Bob Watson, district attorney for the 13th judicial district.

We are also joined by Ms. Donita Davenport, who has a painful story to tell us about how the meth epidemic has affected her family.

We thank everyone for taking time to join us today, and we are looking forward to your testimony.

I'd now like to yield to our host and a good friend, Congresswoman Marilyn Musgrave.

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

Opening Statement
Chairman Mark Souder

"The Methamphetamine Epidemic in Colorado"

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

July 7, 2006

Good morning, and thank you all for coming. This hearing continues our Subcommittee's work on the growing problem of methamphetamine trafficking and abuse – a problem that has ravaged communities across the entire country. I'd like to thank my fellow member, Marilyn Musgrave, who invited us here to her district. She has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I'm looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It is perhaps best described as a "perfect storm" – a cheap, easy-to-make drug with devastating health and environmental consequences, which consumes tremendous law enforcement and other public resources and is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the fifteenth hearing focusing on meth held by the Subcommittee since 2001. In places as diverse as Indiana, Oregon, Hawaii, Minnesota and North Carolina, I have heard moving testimony about how this drug has wreaked havoc on people and their 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, then, we try to get a picture of the state of meth trafficking and abuse in the local area. Then, we ask three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the federal government partner with state and local agencies to deal with this problem?

The next question, that 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 located 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 80 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "mom-and-pop" or "clan" (i.e., clandestine) labs, have proliferated throughout the country, often in rural areas. 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 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 chemical saturation in the houses used to make the drug.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states—including Colorado—have passed various forms of retail sales restrictions on pseudoephedrine products (like cold medicines). Some states limit the number of packages a customer can buy and others have required that cold medicines be placed behind pharmacy counters. Retail sales restrictions appear to be having a major impact on the number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico 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 helps the work of community anti-drug coalitions to bring drug use prevention education to young people); and the President's Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers).

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. Currently, the federal government does provide a number of grants and other assistance programs to state and local agencies – in addition to the programs I mentioned earlier, the Byrne Grants and COPS Meth Hot Spots programs help fund anti-meth law enforcement task forces; the DEA and other agencies assist state and local agencies with meth lab cleanup costs; and the Safe and Drug-Free Schools program and the National Youth Anti-Drug Media Campaign help schools and other organizations 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.

Fortunately, I believe a big step forward was taken in March when Congress passed and the President signed into law the Combat Methamphetamine Epidemic Act. This comprehensive law is designed to tackle meth trafficking in every state—from precursor chemical control to international monitoring, and from environmental regulation to child protection. There was strong bipartisan cooperation. The legislation moved through Congress quickly as members got the message from the grassroots that meth doesn't respect state boundaries. We will be closely watching the implementation of this law and looking for new ways to thwart meth traffickers and help those individuals, families and communities that have been devastated by this drug.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. For our first panel, we are joined by Mr. Jeff Sweetin, Assistant Special Agent-in-Charge of the DEA's Denver Field Division.

For our second panel, we are joined by the Honorable Larry Abrahamson, District Attorney for the 8th Judicial District; the Honorable Ken Buck, District Attorney for the 19th Judicial District; the Honorable John Cooke, Sheriff of Weld County; Lt. Craig Dodd, Commander of the Laramie County Drug Task Force; the Honorable Janet Rowland, who is a Commissioner from Mesa County; and the Honorable Bob Watson, District Attorney for the 13th Judicial District. We are also joined by Ms. Donita Davenport, who has a painful story to tell us about how the meth epidemic has affected her family.

We thank everyone for taking the time to join us today, and we are looking forward to your testimony.

Mrs. MUSGRAVE. Thank you, Mr. Souder.

Well, good morning to all of you. I look out on the audience, and I just want to tell each one of you that I respect and admire you for the work you do in our communities, and I'm very glad you're here this morning.

Mr. Souder, I'd just like to thank you for coming to Colorado. The chairman has a real heart for this issue, combating meth. And it's an honor to have you in Loveland, CO today.

First, you know that meth is a central nervous system stimulant. It's a very highly dangerous drug that is causing enormous problems for families and communities. And the drug use is spreading across the United States. The meth production is increasing domestically and internationally.

We are here to hold this hearing today to hear from law enforcement officials and members of the community who deal with this meth problem firsthand.

Methamphetamine abuse, production and trafficking presents unique problems that are not associated with most drugs. According to the Substance Abuse and Mental Health Services Administration, in 2004, 1.4 million persons aged 12 and older had used meth in the past year, and 583,000 have used it in the past month. Since this study, the problem has only gotten worse.

Chronic meth use can lead to irreversible brain and heart damage, psychotic behavior, and rages and violence. Withdrawal from the drug can induce paranoia, depression, anxiety and fatigue. Because of the seriousness of this problem, Congress has been working to address illegal meth abuse and production.

The precursor chemicals necessary, as the chairman said, for producing meth are commonly found in over-the-counter cold and sinus medicines that have legitimate uses and are available in retail quantities from any drug store.

The local small laboratories that are used to produce meth can create substantial public safety and environmental problems. They create the possibilities of explosion, toxic waste dumps, and serious child endangerment.

The dangers of production and the toxic nature of meth labs are serious and can affect innocent people in unsuspecting apartments and motels. We are just beginning to discover the negative effects of these toxic meth lab sites.

Legislation has been passed to further regulate meth precursor chemicals, enhance penalties for drug trafficking, and increase funding for meth-specific law enforcement programs.

I am a proud co-sponsor of Mr. Souder's bill, the Methamphetamine Epidemic Elimination Act, which restricts access to over-the-counter drugs that are used to make meth in home labs. I'm happy to report this bill was signed into law by our President this year.

Regulation of these meth precursor chemicals have done much in addressing this problem. There have been over 1,300 methamphetamine lab seizures in Colorado since 2001.

Another step taken by Congress has been the creation of the High Intensity Drug Trafficking Area program within the Office of National Drug Control Policy. This program designates 28 areas around the country as high-intensity drug trafficking areas.

And these designations are meant to help Federal, State and local law enforcement agencies cooperate, share information, and coordinate their strategies and drug-enforcement activities.

Colorado is part of the Rocky Mountain High-Intensity Drug Trafficking Area, a program that works hard and has realized many positive results in the fight against drugs.

The scourge of methamphetamine use is threatening the qualify of life in communities across Colorado. According to the Drug Enforcement Administration, most of the meth in Colorado comes from large-scale laboratories in Mexico and California.

Local meth production has been decreased because of the crackdown on precursor chemical supplies, as the mayor and I talked about this morning, but Mexican drug trafficking organizations are increasing the presence and distribution of meth in Colorado.

According to the Rocky Mountain HIDTA, manpower and resources previously allocated to investigations of local meth production are now being shifted to investigation of major Mexican drug trafficking organizations.

Meth abuse not only affects the individuals that are using the drug. It affects families and entire communities. The increased availability and abuse of meth has led to an increase in drug-related crimes. The growing meth problem is increasing the burden faced by local and State law enforcement officials.

Local law enforcement has seen an increase in robbery, domestic violence, forgery, and currently counterfeiting in areas where meth abuse is rampant. Arrests related to these crimes are overburdening our court systems, treatment facilities, and prisons and jails.

I am also a co-sponsor of the Combat Meth Act, which would fund training for State and local prosecutors and law enforcement agents to investigate and prosecute meth offenses. It would also provide grant funds to hire personnel and purchase equipment to assist in this endeavor.

I was happy to work to bring important grant money to Larimer and Weld counties this year to assist them with their law enforcement initiatives, including dealing with the meth problem.

We have a responsibility to our State and local law enforcement agencies and our communities to work toward a solution to this serious problem. The meth epidemic deserves our full attention because of this drug's incredible destructive potential.

Beyond the law enforcement aspect of this problem, there are treatment centers and programs to help people with their addictions. One such group is the Denver Rescue Mission. I have met with representatives from the mission and some of the people they have helped. I have heard first-hand the horrors that this drug creates.

One of the most touching things that I had in my office was meeting with a young woman who had been a meth addict. And she had her little daughter with her. But she told me the story of her drug addiction, of what she was like when she used methamphetamine and how she lost custody of her daughter.

And the incredible part of this story was this woman had overcome this addiction with a great deal of help, and she had regained custody of her daughter. But the heartbreak that goes along with the scourge of methamphetamine is just enormous.

In my own community, there was a young woman that died because of her meth use, and she left three little children that were being raised by their grandparents, because this beautiful young woman, who had been an honor student and been an athlete, just had her very existence taken away by the use of methamphetamine.

She went from a beautiful young woman to someone whose teeth were literally rotting in her mouth. And her appearance dramatically was altered. And then of course, she ended up dying. And her parents work as much as they can to tell their tragic story so that other families will not have to suffer the same fate.

I look forward to hearing testimony from people today that—again, that I respect and admire for the job that they do. And I hope that we can raise public awareness and come up with solutions as to what we need to do in Colorado to address this issue.

Thank you all for being here, and thank you, Mr. Chairman.

[The prepared statement of Hon. Marilyn N. Musgrave follows:]

Opening Statement
Congresswoman Marilyn Musgrave
House Government Reform Subcommittee
On Criminal Justice, Drug Policy, and Human Resources
Field Hearing—Methamphetamine Abuse
In Northern Colorado

- Good Morning and thank you all for being here today as we conduct this important hearing on the growing problem of methamphetamine abuse in Colorado.

- I am pleased to be joined by Chairman Souder and Congressman Beauprez. Mr. Souder has been a great leader on this serious issue, so it is an honor to have him in Loveland today.

- Like we do in the 4th District, Mr. Beauprez faces methamphetamine problems in his district as well. Thank you for being here for this discussion.

- Meth is a central nervous system stimulant. It is a highly dangerous drug that is wreaking havoc on families and communities. The drug's use is spreading across the U.S., and meth production is increasing domestically and internationally.

- We are holding this hearing today to hear from law enforcement officials and members of the community who have experienced the effects of this drug first hand.

- Methamphetamine abuse, production, and trafficking presents unique problems not associated with most drugs.

- According to the Substance Abuse and Mental Health Services Administration, in 2004, 1.4 million persons ages 12 and older had used meth in the past year and 583,000 had used in the past month. Since this study, the problem has only gotten worse.

- Chronic meth use can lead to irreversible brain and heart damage, psychotic behavior, and rages and violence. Withdrawal from the drug can induce paranoia, depression, anxiety, and fatigue.

- Because of the seriousness of this problem, Congress has been working to address illegal meth abuse and production.

- The precursor chemicals necessary for producing meth are commonly found in over-the-counter cold and sinus medicines that have legitimate uses, and are available in retail quantities from any drug store.

- The local small, clandestine laboratories that are used to produce meth create substantial public safety and environmental problems. There have been over 1,300 methamphetamine lab seizures in Colorado since 2001.

- The high number of clandestine labs not only increases the supply of illegal meth, but creates the possibilities of explosion, toxic waste dumps, and serious child endangerment.

- The dangers of production, and the toxic nature of meth labs, are serious, and can affect innocent people in unsuspecting apartments and motels. We are just beginning to discover the negative effects of these toxic lab sites.

- Legislation has been passed to further regulate meth precursor chemicals, enhance penalties for drug trafficking, and increase funding for meth-specific law enforcement programs.

- I was proud to co-sponsor Mr. Souder's bill, the Methamphetamine Epidemic Elimination Act, which restricts access to over-the-counter drugs that are used to make meth in home labs. I am happy to report this bill was signed into law by President Bush this year.

- Regulation of these meth precursor chemicals has done much good in addressing this problem. Clandestine meth lab seizures have actually been reduced, but illegal meth producers are still finding ways to make their drug.

- Another step taken by Congress has been the creation of the High Intensity Drug Trafficking Area (HIDTA) program, within the Office of National Drug Control Policy.

- This program designates 28 areas around the country as "High Intensity Drug Trafficking Areas". These designations are meant to help federal, state, and local law enforcement agencies cooperate, share information, and coordinate their strategies and drug enforcement activities.

- Colorado is part of the Rocky Mountain High Intensity Drug Trafficking Area, a program that works hard and realizes many positive results in the fight against drugs.

- The scourge of methamphetamine use is threatening the quality of life in communities across Colorado. According to the Drug Enforcement Administration, most of the meth in Colorado comes from large scale laboratories in Mexico and California.

- Because of the reduction in local clandestine meth labs, Mexican Drug Trafficking Organizations are increasing the presence and distribution of meth in Colorado. According to Rocky Mountain HIDTA, manpower and resources previously allocated to investigations of local methamphetamine production are now being shifted to investigations of major Mexican drug trafficking organizations.

- Meth abuse not only affects the individuals using the drug, it also harms families and entire communities. The increased availability and abuse of meth has led to an increase in drug-related crimes.

- The growing meth problem is increasing the burden faced by state and local law enforcement officials.

- Local law enforcement has seen increases in robbery, domestic violence, forgery, and currency counterfeiting in areas where meth abuse is rampant. Arrests related to these crimes are overburdening our court systems, treatment facilities, and prisons and jails.

- I am a co-sponsor of the Combat Meth Act, which would fund training for State and local prosecutors and law enforcement agents to investigate and prosecute methamphetamine offenses. It would also provide grant funds to hire personnel and purchase equipment to assist in this endeavor.

- I was happy to work to bring important grant money to Larimer and Weld counties this year, to assist them with their law enforcement initiatives, including dealing with the meth problem.

- We have a responsibility to our state and local law enforcement agencies and our communities to work toward a solution to this serious problem. The meth epidemic deserves our full attention because of the drug's destructive potential.

- Beyond the law enforcement aspect of this problem there are treatment centers and programs to help people with their addictions.

- One such group is the Denver Rescue Mission. I have met with representatives from the Mission and some of the people they have helped. I have heard first hand the horrors that this drug creates.

- I look forward to the testimony we will hear today. I hope to shed more light on this serious problem, raise public awareness, and become more aware of what needs to be done to address the meth epidemic we are facing here in Colorado.

Thank you.

Mr. SOUDER. Thank you.

Before proceeding with our testimony, we need to take care of some procedural matters. First, all Members have 5 legislative days to submit written statements and questions for the hearing record. Any answers to written questions provided by the witnesses will also be included in the record without objection if so ordered.

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

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

Let me briefly explain for those of you who haven't been at a hearing or watched on CSPAN a little bit what we're doing today. What I just went through is a process that is somewhat rare, because in the—particularly as we approach an election year, it is harder and harder to get bipartisan cooperation.

This committee has worked in a very bipartisan way. And our ranking Democrat member, Elijah Cummings, who has occasionally attended some of the field hearings but has let me conduct these hearings and allowed us to go forward—as has Henry Waxman, the ranking Democrat in the full committee, and Chairman Davis—in a bipartisan way.

Because we really don't have differences on how—major differences; we have some differences—on how we're approaching particularly methamphetamine right now.

Congressman Cummings represents Baltimore. His problems are mostly cocaine and heroin, marijuana. He hasn't really had meth in Baltimore, but he's attended a number of these meth hearings, because he knows it's a big part—in other parts of the country.

We've just done a series of hearings related to some of his concerns that he's been having in some of the east—with a number of the members there. But it's relatively unique. And what I just went through was a procedural matter that, in effect, enables us to go forward in how we do documents.

Now, this is an oversight committee. I'll have to swear in each of the witnesses—that you will now be part of the same committee's record—as says Mark McGwire, who didn't want to be sworn in during the steroid hearings. And as all the attorneys here will understand—moved to multiple cities so he didn't get a subpoena to our hearing to duck being called, because he didn't want to put up his oath.

And then he simply didn't want to talk about the past, because if you don't tell the truth to a congressional hearing, you're subject to prosecution for perjury—and that if he told the truth, he might be subject to prosecution for other things.

So hopefully today, I want to make a couple things clear. We're here to talk about the past, because we can't learn about the future without talking about the past. We expect you to tell the truth, and we'll try not to ask you too many embarrassing personal questions that would make you uncomfortable.

But our committee has oversight responsibility. In Congress, you have three types of committees—the first two that were created in the Constitution where the House was giving the appropriation and

tax powers. So all tax and funding legislation originates in the House of Representatives.

The second group of committees that were formed were actually oversight, to see whether the early Presidents were spending the money the way Congress wanted it spent.

The third group that was created were authorizing committees. So if you take something, say, for Rocky Mountain National Park, the authorizing committee would, if there was a question of—let's say somebody who had an in holding, just to pick a sore subject—somebody who had an in holding—and that would go through the resources committee.

There would have to be an appropriations question. And then this—in fact, my subcommittee has oversight over the national parks—would review to see whether the administration is following through that.

Now, what's unusual about this committee was—is that so many committees deal with narcotics. In addition to oversight, we actually do the authorizing part of the legislation too for the Office of National Drug Control Policy, which was put together—the so-called drug czar—to coordinate national policy.

We've also picked up a number of other things that puts us directly over the national ad campaign. But also the community in a drug coalition CADCA went through our subcommittee in authorizing as well as oversight—and as well as a number of other programs so that we only had—we have 23 different committees with drug jurisdiction, but we are trying to consolidate some of that in our committee.

So I wanted to give you a little bit of what we do. We have Washington hearings just last—was it last week we did the meth-treatment hearing—in the District of Columbia. Now, you also heard me—in Washington, DC, is where those field hearings—you also heard me say—ask unanimous consent that all Members have 5 legislative days to submit written statements and questions. Now, I want to make this clear more for the DEA with the comment that we submitted written questions—and you heard me say 5 legislative days, which is what we always say—on November 18, 2004.

And on June 27th, we got the answers back. That's June 27, 2006. We don't consider that a timely response to written questions. That—we've expressed that to the assistant attorney general. We understand that there are several things in this.

And I'm actually going to ask the reporter to insert the full answers to the questions into the record. Because I understand—but I want to make this clear in the record, and I'm sure it will get passed back up to Washington—what I've said here.

Our hearings are going to take a lot longer if I have to ask all the questions at the hearing rather than wait a year and a half to get the responses. I understand from looking at the questions what some of the problem here is. And the reason I want this inserted into the record is there are some questions here that have come up at about six or eight hearings that are very—were very difficult and required a lot of cross-analyzation.

Now, a year and a half's a little long. But one was are we finding alternatives to pseudoephedrine that we're seeing. Because we heard, I believe in Ohio, a rumor about one alternative.

Also about the Glotel product—of which the answer was very short. That probably could have been done in say 6 months rather than a year and a half.

That—in the—but a number of these questions are repetitive questions that come up at the hearings, and I think having them in the record will be a backup. But—and I know not all this, for those who are in attendance, is the problem with an individual agency.

In this case, we had a number of controversial questions that, once they appear in a hearing like this in front of our committee—it more or less becomes the official position of DEA. So they wanted to make sure that they had enough coming up from the grassroots to make sure of their answers.

But then we go through another whole process, which is, in this oversight committee, an increasing exasperation. And that is that everything that has to run up to the attorney general's office. So it has to run through everybody's opinion up at the headquarters.

Then it goes over to Office of Management and Budget, because one of the questions here is do you need additional funding for anything. Well, that's like a nightmare in the administration, because that means it's got to run through every budget person.

They got to run up and down over to the political office, ask—oh, they might want to spend another $100,000 on meth—and that it holds up the process. But I know you are not directly involved in this. And I have a very good relationship with DEA.

But Congress is getting increasingly exasperated with lack of timely responses when we're trying to figure out how to deal with this question. And I know that we have had a very bitter internal battle—of which DEA has been, quite frankly, one of our only allies, as well as the HIDTA program—at the Federal level in trying to focus on meth.

This is just a little minor irritation, but it—that—it came up just on June 27th. And needless to say—first off, we were thankful we got answers in a year and a half. It's almost better if we let us forget about—that we asked the questions, because it just added insult to injury last week to take this long to get a response on a major issue and, by the way, not get the response until after we passed the bill.

That is just part of the frustrating process. Now, aren't you glad you got to be the Federal representative on the panel?

We also have Mr. Tom Gorman in the audience today, who heads the Rocky Mountain HIDTA and the national association. And if I don't summon him up to the table today, we may ask you some additional followup questions on the region, depending on what comes up.

Our first witness today is Mr. Jeff Sweetin, assistant special agent in charge of the Denver district office of DEA. If you'll stand and raise your right hand.

[Witness sworn.]

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

Thank you very much for coming. Without DEA's help at the grassroots level, we wouldn't have made the progress we've made

on methamphetamine. And let me first thank DEA for that—and look forward to hearing comments today.

STATEMENT OF JEFF SWEETIN, ASSISTANT SPECIAL AGENT IN CHARGE OF DEA, DENVER FIELD DIVISION

Mr. SWEETIN. Chairman Souder and distinguished Members of Congress, my name is Jeffrey D. Sweetin. I am the special agent in charge of the Drug Enforcement Administration's Denver field division. On behalf of the DEA Administrator Karen Tandy, I appreciate your invitation to testify regarding the DEA's efforts in the Colorado region to combat methamphetamine.

We have witnessed a rapid evolution of the methamphetamine trafficking situation in Colorado. However, the drug is not new to the Colorado region. Law enforcement has been combating methamphetamine for well over 20 years, and we have seen first-hand its devastating effects.

In Colorado and across the Nation, we have led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked with our Federal law enforcement partners to combat this drug.

Methamphetamine found in the U.S. originates from two principle sources. Most of the methamphetamine found in the United States is produced by Mexico and California-based traffickers—Mexican traffickers whose organizations control superlabs. Current data suggests that roughly 80 percent of the methamphetamine consumed in the United States comes from these large labs.

The second source for methamphetamine is small toxic labs. These labs produce relatively small amounts of methamphetamine and are generally not affiliated with major trafficking organizations. The precise breakdown is not available, but it is estimated that these labs are responsible for approximately 20 percent of the methamphetamine consumed in America.

Methamphetamine is a significant drug throughout—in the Colorado region where demand, availability and abuse have increased in all areas of the State. The market for methamphetamine, both in powder and crystal form, is dominated by Mexican poly drug trafficking organizations.

Small toxic labs producing anywhere from a few grams to several ounces of methamphetamine operate within the State. These labs present unique problems to law enforcement and communities of all size.

The DEA, both nationally and in Colorado, focuses its overall enforcement operations on large regional, national and international drug-trafficking organizations responsible for the majority of the illicit drug supply in the United States.

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

During the last year, our efforts in Colorado have resulted in significant methamphetamine-related arrests, some of which occurred as part of investigations conducted under the OCDETF program and DEA's Priority Target Organization program. The DEA, to in-

clude the Denver field division, is working with other law enforcement agencies in a campaign to fight methamphetamine.

In response to the hazardous nature of clandestine laboratories, DEA offers training to investigate and safely dismantle these laboratories. Since 1998, DEA's office of training has provided training to over 12,000 officers from across the country. Our office of training has provided clandestine laboratory training to more than 128 officers from Colorado since fiscal year 2002.

The DEA's Hazardous Waste Cleanup Program is designed to address environmental concerns from the seizure of clandestine laboratories. This program, with the assistance of grants to State and local enforcement, supports and funds the cleanup of the majority of laboratories seized in the United States.

The program promotes the safety of law enforcement personnel and the public by using companies with specialized training and equipment to remove hazardous waste. In fiscal year 2005, the cost of administering these cleanups was approximately $17.7 million. The DEA administered 436 lab cleanups in Colorado during fiscal year 2004 and 2005 at a total cost of $553,588.

The DEA, both nationally and within Colorado, is keenly aware that we must continue our fight against methamphetamine on multiple fronts. Our enforcement efforts are focused against methamphetamine trafficking organizations and those who provide its precursor chemicals.

We also are providing vital training in lab cleanups to our State and local counterparts who are outstanding partners with us in combating this problem.

Law enforcement has experienced some success in the fight, though much work remains to be done. Thank you for your recognition of this important issue and the opportunity to testify here today, and I'll be happy to answer any questions you may have.

[The prepared statement of Mr. Sweetin follows:]

#4 (47)

Statement of

Jeffrey D. Sweetin
Special Agent in Charge
Denver Field Division
Drug Enforcement Administration

Regarding

"The Methamphetamine Epidemic in Colorado"

Before The

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

July 7, 2006
Loveland Municipal Building
500 East Third Street
Loveland, Colorado 80537

Introduction

Chairman Souder, and distinguished Members of Congress, my name is Jeffrey Sweetin, and I am the Special Agent in Charge of the Drug Enforcement Administration's (DEA) Denver Field Division, which covers all of Colorado, Utah, Wyoming, and Montana. On behalf of the DEA Administrator, Karen P. Tandy, I appreciate your invitation to testify today regarding the DEA's efforts to combat methamphetamine in the State of Colorado.

Overview

1788 Methamphetamine is not new to the Rocky Mountain region. Law enforcement has been combating methamphetamine for well over two decades, and we have witnessed firsthand the effects of this drug on the communities it has touched. Methamphetamine has spread eastward across the country, leaving few places in the United States untouched. Methamphetamine is a significant drug threat in the State of Colorado, 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 Colorado and across the nation, we have initiated and led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked jointly with our federal, state, and local law enforcement partners to combat this drug. The efforts of law enforcement have resulted in successful investigations that 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 at 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 throughout the United States. The DEA also provides cleanup assistance to law enforcement agencies across the country as they battle this drug.

National Methamphetamine Threat Assessment and Trends

1789 Methamphetamine found in the United States originates from two principal sources. Most methamphetamine is produced by Mexico-based and California-based Mexican drug trafficking organizations (DTOs). These DTOs 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 80 percent of the methamphetamine used in the United States comes from larger labs, which are increasingly found 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 criminal organizations trafficking both in powdered and the "ice" or "crystal" form of methamphetamine are the dominant distributors within Colorado. Outlaw Motorcycle Gangs (OMGs) also distribute methamphetamine throughout the country, and reporting indicates that they are particularly prevalent in many areas of the Great Lakes region, New England, and New York/New Jersey regions. Generally, OMGs have not been significant methamphetamine distributors in the Rocky Mountain region.

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The second source for methamphetamine in this country comes from small toxic labs (STLs) that produce relatively small amounts of methamphetamine and are not generally affiliated with major trafficking organizations. DEA currently estimates that STLs are responsible for approximately 20 percent of the methamphetamine consumed in this country. Initially found only in the most Western states, there has been an eastward spread of STLs in the United States, although numbers have recently declined. Many methamphetamine abusers quickly learn that "recipes" are easily accessible over the Internet, that its ingredients are available in many 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, although recent steps by many states to limit and control access to over-the-counter precursors has helped.

Threat Assessment – State of Colorado

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Methamphetamine is a significant drug threat facing DEA and other law enforcement counterparts in Colorado. We have seen the demand, availability, and abuse of methamphetamine increase in Colorado. The market for methamphetamine in powder, crystal, and liquid form, has increased and is dominated by Mexican poly-drug trafficking organizations. These organizations import it from sources within Mexico or the Southwest Border areas and transport it to metropolitan areas of Colorado Springs and Denver. From there, the methamphetamine is redistributed to locations in the Midwest and Eastern regions of the United States. Methamphetamine is being trafficked in larger quantities to meet consumer demands, and is primarily imported into the Rocky Mountain region rather than being produced within the region.

STLs produce anywhere from a few grams to a few ounces of methamphetamine. In Colorado, the drug is predominantly produced via the iodine/red phosphorous ("Red P") method. A few Birch Reduction ("Nazi") method laboratories have also been seized.

The DEA in Colorado purchases and seizes quantities of methamphetamine, ranging from ounces to multiple pounds. Methamphetamine can be purchased for $1,000 per ounce, while pound quantities of methamphetamine can be purchased for $8,000 per pound in the greater Denver metropolitan area. Purity levels of methamphetamine in Colorado have shown a recent increase in the past four months, with average purities being at the 50 percent level [as of the 3rd quarter of fiscal year (FY) 2006].

Methamphetamine lab-related seizures in Colorado, as reported to the El Paso Intelligence Center (EPIC) for calendar year (CY) 2001 through CY 2005, are listed in the table below and are effective as of June 21, 2006. It should be noted that reporting is not mandatory. As such, some state and local law enforcement agencies do not report their clandestine laboratory numbers to EPIC in a timely manner and in some instances, not at all.

	Chem/Glass/Equip	Dumpsites	Labs	Total
CY 2002				
Colorado	**75**	**50**	**320**	**445**
CY 2003				
Colorado	**83**	**44**	**231**	**358**
CY 2004				
Colorado	**54**	**31**	**150**	**235**
CY 2005				
Colorado	**39**	**14**	**96**	**149**

Battling Methamphetamine – Labs and Precursor Chemicals

As a result of our efforts and those of our law enforcement partners in the United States and Canada, we have seen a decline in methamphetamine super labs in the United States. In 2005, 35 super labs were seized domestically, the majority of which were in California. This is a significant decrease from the 244 super labs seized in 2001. This decrease is largely a result of DEA's enforcement successes against suppliers of bulk shipments of precursor chemicals, notably ephedrine and pseudoephedrine. Law enforcement has also seen a large 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, we consequently have seen an increase of super lab activity in Mexico.

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 2005, DEA Diversion Investigators physically re-inspected nearly seventy-five percent 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 record keeping to ensure compliance with federal regulations.

The DEA is also working with our global partners to target international methamphetamine traffickers and to increase chemical control efforts abroad. The DEA has worked hand-in-hand with our foreign law enforcement counterparts and has forged agreements to pre-screen pseudoephedrine shipments to ensure that they are being shipped to legitimate companies for legitimate purposes. An 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 methamphetamine traffickers. This pseudoephedrine could have produced more than two metric tons of methamphetamine.

The DEA recently coordinated meetings in Hong Kong and participated in the 49th annual meeting of the Commission on Narcotic Drugs in Vienna, Austria. At both of these meetings, DEA discussed how best to share information with our law enforcement counterparts for countries that produce or are affected by the diversion of pseudoephedrine. The meetings were productive, providing a forum for attendees to present their different perspectives and develop initiatives toward curbing the diversion of precursor chemicals and international methamphetamine traffickers. Notably, the Vienna meeting resulted in an international agreement to expand the sharing of information about exports of precursor chemicals, particularly pseudoephedrine.

In addition, new anti-methamphetamine domestic initiatives were announced in May 2006, whereby new partnerships were announced between the United States and Mexico to fight methamphetamine trafficking. These initiatives were unveiled at the National Methamphetamine and Chemicals Initiative Strategy Conference and are aimed at improving enforcement initiatives and increasing enforcement training levels, information-sharing, and public awareness, both domestically and within the framework of United States/Mexico anti-trafficking efforts. In the context of the *National Drug Control Strategy* and the *Synthetic Drug Control Strategy*, these initiatives will add to existing efforts to battle the flow of methamphetamine.

DEA's Efforts in the Rocky Mountain Region

Within Colorado, the DEA Denver Field Division manages offices in Denver, Colorado Springs, and Grand Junction. Additional DEA Posts of Duty are located in Glenwood Springs and Durango, Colorado. The Division's purview also includes Wyoming, Utah, and Montana and manages offices in these states.

The DEA's enforcement efforts in Colorado are led by DEA Special Agents and Task Force Officers (TFOs) from state and local agencies who are assigned to DEA offices. The TFO's are deputized by the DEA and have the same authority under the Controlled Substances Act as DEA Special Agents. The Denver Field Division has TFOs assigned to all offices throughout Colorado who 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, creating a productive environment in which law enforcement can better attack the drug threats facing the Rocky Mountain region.

The DEA focuses its overall enforcement operations on the most significant regional, national, and international drug trafficking organizations responsible for the illicit drug supply in the United States. Within Colorado, DEA implements the same approach by focusing our investigative resources and efforts on the largest trafficking organizations operating within the state. The enforcement efforts of our offices in Colorado have resulted in increased methamphetamine-related arrests. From CY-2002 through CY-2005, the enforcement efforts of the DEA offices in Colorado have resulted in approximately 527 methamphetamine-related arrests. These arrests included investigations conducted under the Organized Crime Drug Enforcement Task Force program and the Priority Target Organization investigations program. Working closely with our local law enforcement counterparts, we have not only combined our efforts to investigate methamphetamine-related criminal activity, but we also actively conduct public awareness forums with local citizen groups.

Several recent examples of DEA led efforts to target methamphetamine trafficking organizations and precursor chemical suppliers operating in Colorado are summarized below:

- **Methamphetamine Sold for Sex on Wind River Indian Reservation:** In May 2006, the DEA Denver Field Division in Wyoming, together with state and local law enforcement officials, announced 53 indictments and 43 arrests stemming from a two-year Organized Crime and Drug Enforcement Task Force (OCDETF) investigation targeting members of a methamphetamine trafficking organization that operated on the Wind River Indian Reservation and throughout Wyoming. During the course of this investigation, law enforcement seized over 20 pounds of high-purity methamphetamine, $100,000 in cash, and 20 firearms, including one machine gun. It was also identified that a member of the trafficking organization exchanged sex with a female juvenile for methamphetamine. Previous arrests included the high-profile arrest of a tribal judge. The Wind River Indian Reservation was specifically targeted by a Mexican poly-drug trafficking organization that was directly linked to sources in Mexico. This Mexican poly-drug trafficking organization not only operated in Wyoming, but also in Colorado, New Mexico, Texas, Michigan, and New York.

- **Violent Methamphetamine Trafficking Organization Operated in Grand Junction, Colorado:** During March 2006, DEA and other law enforcement officials announced that a total of 40 individuals had been arrested in Grand Junction and Colorado Springs for their part in a drug trafficking organization known to distribute multi-pound quantities of methamphetamine throughout Western Colorado. Of the 40 arrested, 17 had prior criminal records, including weapons and/or violence-related offenses. This organization had been involved in a variety of violent acts that ranged from home invasions to attempted murder charges. One incident involved an organization member, who while out on bond on felony charges, allegedly shot his wife in the stomach and had her dropped off at an emergency room. The subject was later located by local law enforcement officials, and an armed confrontation took place during which the subject was fatally shot. Autopsy results showed that the subject had methamphetamine, marijuana, and barbiturates in his system.

- **Violent Methamphetamine Dealers Arrested:** In March 2006, the DEA Denver Field Division and state and local law enforcement officials announced the arrest of 11 members of a Cheyenne-based methamphetamine trafficking ring. The trafficking ring was responsible for transporting large quantities of methamphetamine from the Denver area to the Cheyenne, Wyoming for distribution. The investigation revealed the organization was distributing multi-pound quantities of methamphetamine in Cheyenne on a monthly basis. Various members of the trafficking organization routinely carried guns during drug transactions for the protection of drugs, the collection of drug profits, and to intimidate persons from contacting law enforcement. One of the individuals in the gang even had a drug-related shootout with police, following which he was eventually arrested in the possession of methamphetamine. The subjects arrested are now facing federal charges for conspiring to distribute methamphetamine and other related charges.

- **Boulder County Methamphetamine Drug Trafficking Arrests:** In January 2006, the DEA Denver Field Division and other federal, state, and local law enforcement officials announced the arrests of 13 individuals after an eight-month DEA Mobile Enforcement Team deployment in Colorado's Boulder County area. In addition to the 13 arrests, 3 pounds of cocaine, 1 pound of methamphetamine, a 1/2 pound of marijuana, and other assorted quantities of drugs and cash were seized. The drug trafficking organization was responsible for supplying cocaine and methamphetamine in the Boulder County area and was comprised

largely of local drug traffickers who had formed an alliance to control the methamphetamine market. The trafficking organization intentionally used children as couriers and distributors of the drugs to escape detection and create new markets. The subjects arrested face multiple federal charges for distributing their illegal product.

- **Loveland, Colorado Methamphetamine Trafficking Organization Arrests:** In November 2005, the DEA Denver Field Division and state and local officials announced the conclusion of an eight-month investigation into a major methamphetamine distribution organization operating in the Loveland area. The investigation identified 15-20 persons operating as an organized group selling methamphetamine to at least 200-300 citizens in the Larimer County area. It was estimated that the methamphetamine ring was responsible for distributing between four to five pounds of methamphetamine on a weekly basis. The investigation resulted in at least 20 arrests and nearly 3 pounds of methamphetamine being seized.

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 clandestine methamphetamine labs. Since 1998, the DEA has offered a robust training program for our state and local partners. Through our Office of Training, DEA provides basic and advanced clandestine laboratory safety training for Special Agents and state and local law enforcement officers at our 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 and Health Administration-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 the officer to safely investigate clandestine labs and work in a hazardous environment.

Since 1998, the DEA has trained more than 12,000 state and local law enforcement personnel (plus 1,900 DEA employees) to conduct investigations, 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 128 Colorado officers. In addition, personnel in the Denver Field Division have conducted numerous public awareness training programs for local law enforcement and private organization groups. Since 2004, the DEA has trained more than 1,400 individuals in these clandestine awareness training programs.

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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 resulting 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 2005, the cost of administering these cleanups was approximately $17.7 million.

The DEA administered 436 lab cleanups in Colorado during FY 2004 through FY 2005, at a total cost of $553,588.

Conclusion

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The DEA, both nationally and in Colorado, is keenly aware that we must continue our fight against methamphetamine and stop the spread of this drug. Law enforcement has experienced some success in this fight, as evidenced by the significant decrease in the number of super labs seized in this country and the large reduction in pseudoephedrine seized at the Canadian border. We are continuing to fight 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 Colorado have been combating methamphetamine for many years and have been working closely with other federal, state, and local law enforcement partners to combat this drug threat. The outstanding relationships DEA has with these law enforcement agencies has enabled us to partner in more effectively and safely investigating and dismantling these labs. Through DEA's clandestine laboratory training for state and local partners, we have maximized our capabilities. Additionally, through our hazardous waste program, the DEA has administered nearly 436 laboratory cleanups in Colorado and Wyoming since FY 2004.

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.

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Mr. SOUDER. The number—it looks like the number of labs in Colorado that you've—have been reported have dropped steadily since 2002.

Mr. SWEETIN. That's correct.

Mr. SOUDER. In the EPIC statistics, which we'll talk about locally, have you seen a shifting in—does it appear that they'll be lots of labs in one area; they'll go down, but another area will pick up, and that what we're seeing is the—in other words, were these labs in basically the same counties, or do you have any idea of that?

Mr. SWEETIN. If you look at the statistics by county, which we can provide to you for Colorado, there seems to be several counties that stand out in terms of the numbers. Denver County, El Paso County, I believe Adams County, and I believe one of the northern counties—I believe it's Weld County.

I can provide that as a breakdown. But in reference to your question about reductions in areas and then increased labs in the other area, I have not seen that in this region. Typically what we've seen is reductions in small toxic labs that pretty much occur across the board on a percentage basis—that it's rare that we would see an increase in a certain area.

We really just haven't see that. So the reductions have pretty much been across the board.

Mr. SOUDER. That—I'll have some followup questions with that with the local prosecutors, whether that's some—that we've locked the people up—whether we've actually stopped the labs and changed the attitudes as opposed to putting them in jail.

That—the—a second question is that—have you—are these statistics similar in Wyoming, Utah and Montana?

Mr. SWEETIN. I believe they are. As far as the reductions, they are, certainly.

Mr. SOUDER. Do you—has—what we tend to see around the country is that most of the labs—they like to operate in more rural areas, because it's harder to smell them; it's harder to be detected. And often, they start in national forests, which is why—happened heavily in California, Oregon and Washington.

That pattern—is that why the—most of the counties you named—since I don't have a total geographical understanding, though I have a rough understanding of where those counties were—they seem to be in—near national forests.

Mr. SWEETIN. Well, I've never seen that correlation made. I—looking at the counties, my assumption has always been that it's population centers throughout Colorado. If you look at El Paso County down toward Colorado Springs, you look at Denver County and then in the northern region up here that is seeing major growth—I think that's one of the factors that contributes to it.

I think the other thing is the education. People now know what a methamphetamine laboratory is, whereas, you know, 5, 10 years ago, people may have been encountering methamphetamine laboratories and not known it. So I think the added pressure of some of these jurisdictions in enforcement as well has caused some of those lab seizures.

Mr. SOUDER. And now, in talking about the labs again, not crystal meth, the—you're saying you're finding these in cities.

Mr. SWEETIN. Well, in—Denver County has statistics on seizures. But we're finding them pretty much everywhere. But I would say by and large, these would be in the suburban or more rural areas throughout the State.

Mr. SOUDER. The examples you have here are the Wind River Indian Reservation, Grand Junction, Cheyenne-based ring, Boulder County. If—and here in Loveland. If you have examples of clandestine labs in a more major urban area—we're seeing some in motels where they'll take a wing—in Dayton, OH, the first one was a string of seven houses.

Because of the smell detected, generally speaking, we haven't seen these in urbanized or even suburban settings. I'd be interested if you have some specific examples of where the cooking was done in some urban areas.

Mr. SWEETIN. Well, I'll be happy to check that and submit that. I'll see what we can come up with in the cities.

Mr. SOUDER. That would be a change in pattern, which we're starting to see—Minneapolis/St. Paul. But a lot of that moves to crystal meth.

Now, in the Indian reservations—we had testimony from the U.S. attorney for northern Minnesota, who had the northern Indian nations—says that meth has been a bigger problem in the Indian reservations now than alcohol. Have you seen that or——

Mr. SWEETIN. Well, we've been meeting with our Native American law enforcement and tribal leaders for about the last 2 years on this issue. I have not seen that reported, nor have they reported to me that this has eclipsed alcohol.

I will say that it is identified by most of them as their biggest problem. Throughout our region, the reservations that we cover, methamphetamine is seen as the No. 1 problem.

In a recent case that you may be aware of, it is our—based on our investigation, the traffickers actually—the Mexican traffickers actually identified a Native American reservation and went there and purposely used what they thought were jurisdictional confusion to help expand their retail market.

So when you look at these—I will tell you that small toxic labs—they've been very limited on the reservations that I cover, but methamphetamine itself that's trafficked in by Mexican groups is extensive, and they would identify that as their biggest problem.

Mr. SOUDER. Before I yield to Congressman Musgrave, I just spent the last 2 days on the southwest border, in Texas 1 day and New Mexico the other. And they're not getting any crystal meth. And we also met with ICE, and they're not getting any crystal meth.

And I'm trying to figure out—and we'll pursue this at the national level. But I wonder—we have received testimony in every hearing that 67 to 80 percent—now in the current testimony—that we get is made in superlabs increasingly from Mexico. Then why aren't we getting it?

Mr. SWEETIN. Well, I'm not sure why that is. And I'm—as you're asking the question, I'm trying to search back and determine in our region what are we seeing. We're seeing a lot of meth that isn't crystal meth in this region. My thought would be that there would

be superlabs creating methamphetamine that was not crystal meth.

Mr. SOUDER. OK. I shouldn't have used crystal meth. They're not getting any meth at the border that—we're claiming there's an increase in non-mom-and-pop labs, and it's coming across the Mexican border. But they're not getting anything.

At Neely's Crossing, where I was the other day, they had a load of 10,000 pounds of marijuana that they only got part of. Most of it got away. They're getting 55 pounds of heroin the other day—but no meth.

That—are we sure we don't have some other kind of lab construct working inside the United States? I mean, this is really disturbing if this is holding—unless it's all moving over to Tijuana in the California side. Because if it's not coming across the other three States—we've got some kind of mismatch that we've got to figure out here, because we see the labs dropping, meth use not dropping, meth use increasing at emergency rooms, and a transference of this kind of usage, but we don't seem to have a handle where it's coming from.

Mr. SWEETIN. Well, I don't know—I'm not a border expert, and DEA doesn't do really border interdiction per se along the border. But I will tell you, based on the investigations—I believe some of those are cited in my written statement—we are, in fact, seeing—now, mind you, these are poly drug groups. These are groups that had inroads into this region before meth became the commodity.

But we are, in fact, seeing strong, well-funded Mexican drug trafficking organizations moving methamphetamine from Mexico into the United States.

Mr. SOUDER. So when you talk to them, they say this came across. Would you identify what—when you take down a group, do you ask them what border it crossed at?

Mr. SWEETIN. We—in some cases, we're able to determine where it crossed. In most of the cases that we're working, we work them in conjunction with the Mexican authorities so that it's obvious that the drug is beginning in Mexico. Some cases we never know.

But there are cases where we can determine pretty sure that it's coming across the border and which border crossing it's coming across.

Mr. SOUDER. And the amount of pounds in meth—would you say it's more when they're moving this in a group? Apparently the quantities are less than marijuana. The quantities are less than cocaine. Is that correct?

Mr. SWEETIN. It's certainly been our experience in this region that you would typically find—there's no typical seizure, but most of what we're seeing is movement across the highway system, the interstate highway system, which provides a great access up I25 into this region.

So when you look at seizures made in that atmosphere, oftentimes you are seeing a mix. You're seeing typically cocaine and some methamphetamine. But the amounts of methamphetamine by volume do tend to be, by and large, less than the other drugs we're encountering.

Mr. SOUDER. Because one of the questions is are they moving this on individuals, because the price is high and you don't nec-

essarily need a dump truck with 10,000 pounds in it that—are they moving it on individuals, and then those individuals may be picked up as part of even a human trafficking group—consolidated it—is a decent load.

Because this area probably has a pattern mostly coming through El Paso or straight north as a major trafficking group, possibly as far over as Laredo, maybe as far as Nogales. It's not likely to go far west up in—I'm not saying it doesn't, because it moves depending on the trafficking organization, but I would assume most of your trafficking is coming fairly straight north and south.

And I just spent 2 days with them, and they don't have any busts. And they're trying to figure out where it is, because if it's moving in a different way, it might suggest more pat-down strategies or more things like heroin swallowers at airports. Because there's a disconnect. Any thoughts on——

Mr. SWEETIN. Well, I agree with you. I—you know, we believe, based on the cases we see, that I25 north/south corridor is the primary route. So the assumption is that it's coming across at that port of entry.

Have we ever established in numerous cases that's a port of entry? We have not. Really, that hasn't been our focus. Our focus has been trying to get back to the Mexican ownership of those narcotics.

But again, our intelligence here and our cases suggest that clearly this is coming across the southwest border somewhere. A lot of our interdiction efforts are focused on—and that of our counterparts—focus on that corridor, the I25 corridor, because I25 is a perfect highway to lead you to numerous major east/west interstates.

Where we sit in the traffic is that a lot of that contraband comes to this region, and then it's moved further east. So most of that methamphetamine that comes through here isn't bound for here. It's bound for places east of here.

Mr. SOUDER. There is a theory, of which I am one possible proponent, that based on what's happening in the midwest and in Georgia, that it's coming from Canada and the northwest, and that the Mexican trafficking groups we're working with may have ties. It may be coming in the swapping with the B.C. bud and cocaine and out of Yakima.

If you watch for that trend, if you start to see any of the Yakima type things—we may have a big trading zone up there, and we may be—we got—40 percent of the known meth in the United States was a DEA bust in Detroit at one point.

It may be coming a different way, and we've got our focus wrong, and we need some kind of looking at the trafficking patterns too, so we don't make false assumptions. Have you heard anything coming from——

Mr. SWEETIN. We've actually looked at that as a probable area, just based on pressure placed at the southwest border. We have not seen that. We have had several sporadic cases of drug trading in the northwest. We believe it was actually coke for B.C. bud marijuana. But in terms of meth, I'm not aware of any investigation that has shown that.

But I will tell you that we are—we do see the link with the Yakima region, and we're constantly looking. I also cover Montana as

my area of responsibility. So the northern border is seen as an issue, and we do keep a close eye on it, but we have not seen that yet.

Mr. SOUDER. Thank you.

Mrs. MUSGRAVE. Thank you, Mr. Chairman.

Mr. Sweetin, I too am mystified by the—you know, we're told that possibly 80 percent of the drugs come from the southern border, and I don't understand why we don't have—you know, I was in El Paso. I talked to individuals about what happened at Neely's Crossing and talked to local law enforcement there—and what is going on right there at our southern border.

And their—you know, the crime rate is low in El Paso. And I talk to Federal law enforcement folks, they say, Well, what's happening? What—are these drugs coming across the border, and are these people getting into our country with them without being apprehended?

I am mystified by, you know, what we hear about the southern border and then how little methamphetamine has been seized. So I don't understand that either.

I guess what we could move on to is how effective have these State laws—you know, now that we have in over 30 days—in regard to the sale of over-the-counter medications that are used to make meth—how effective have these things been?

I had breakfast with the mayor of Greeley this morning, Tom Selders, talking about, you know, how the city council there has passed restrictions on the sale of these. What effect does this really have?

Mr. SWEETIN. Well, if you look at the decline in small toxic labs over the last 5 to 8 years throughout the west, I think most of the credit goes to chemical control, that the pressure that creates—the answer to your question—it's been very effective in—certainly in this region.

When States initially started passing these laws, the law enforcement counterparts would say, right now, the best we can do is move them to another State by passing this law. As other States come on line, I would say that the pressure is quite impressive, and that's why we're now looking at the shift that the chairman spoke about in his opening.

The shift is now what we need to be looking at and worrying about with the majority of our time is the Mexican connection.

So I'd say that the chemical—all chemical control, when it's factored in—the chemical control on shipment of precursors, large bulk shipments, the gray market, those things combined—we don't know which one had more than the other.

But I will tell you that chemical control has had a very large effect on this region in terms of making small toxic labs even more difficult to operate.

Mrs. MUSGRAVE. The chairman alluded to Internet sales of these precursors. Could you comment on that? What do you see in regard to Internet purchases of these things?

Mr. SWEETIN. We have numerous Internet cases. Our—I have not seen Internet cases in this region for purchase of pseudoephedrine or ephedrine or phenylpropanolamine. We see primarily diversion-related cases on diversion of illicit painkillers.

But we have not seen Internet investigations where people are ordering these—those three chemicals online in this region.

Mrs. MUSGRAVE. I think that concludes——

Mr. SOUDER. OK. I have some followup. How would you find it? In other words, an individual orders from a Canadian pharmacy—what they assume's a Canadian pharmacy—about—the majority of which are actually in Mexico masquerading as Canadian pharmacies.

All you have to do is go to the border and see all the pharmacies—that they order, you know, 20 bottles. Would you—is anybody even monitoring that?

Mr. SWEETIN. Well, it depends on—now, how we would find it would depend on where the lab was. If——

Mr. SOUDER. It would have to almost be a superlab, wouldn't it?

Mr. SWEETIN. Well, it—I don't know if necessarily it would.

Mr. SOUDER. Oh, I see. You're saying if you see an uptick in local labs and you don't find the names on the registers, then they probably would be an Internet. Would that be a safe assumption?

Mr. SWEETIN. Yes, sir. And I think the other thing is a lot of the work we've done on identifying gray market and shady chemical suppliers starts at the lab and works backward. Because, you know, if you look at bulk ordering of pseudoephedrine or ephedrine, it's very obvious when you go to a lab scene that wasn't a blister-pack guy sitting around popping pills out of blister packs.

You have containers. Containers are trackable. And we've done some great work on—some of the best cases that have been done in the country by tracking those chemicals back to where they came from. So that would be the first step. It would be very rare that we would start at the Internet end.

We would actually have to—if the lab was occurring in Mexico, then working with them, we would track that lab. But one of the overall difficulties with these Internet sites is they could be located anywhere. The supplier can be in one State. And we're seeing this with our other Internet investigations.

The broker can be in one State. The actual person that fills the order can be in another nation. So the Internet's made that a little bit more difficult.

Mrs. MUSGRAVE. Mr. Chairman, if I may, coming from an agricultural area, can you address the anhydrous ammonia? Do you see a great deal of theft with chemicals like that?

Mr. SWEETIN. We were receiving quite a few reports at one time. We don't hear a lot of reports any more. I'm not sure whether—first of all, reports of anhydrous theft—our theory is that there's a lot more thefts than we ever know about, based on the methods of theft.

I think the education has done a great job with that. We don't—you know, a lot of people that—a lot of the agricultural community is now aware of the fact that what they once thought was a fairly innocuous chemical used as a fertilizer is now a necessary component to some methods of methamphetamine.

So we don't hear as much about that, about anhydrous. But our assumption is—you know, many of the labs that we find—there is anhydrous involved that we assume has been stolen from some agricultural setting.

Mrs. MUSGRAVE. What about methods of theft? Could you address that?

Mr. SWEETIN. The typical methods of theft, depending on the region—in this region have been actual thefts from holdings tanks in rural environments. That's the predominant method—would be some of the larger agricultural areas.

And I obviously didn't grow up in the agricultural world, and I'm about to make that clear. An upbringing in the suburbs of D.C. But my understanding is that it's a fairly easy theft method if you can get to the storage facility in a farmer's field.

And prior to this education, there was no safeguards on anhydrous. But I will tell you that the education of the agricultural committee seems to have had an effect, at least in terms of what we hear is being stolen.

Mr. SOUDER. And you believe, based on the EPIC numbers, that what we're going to hear is that the number of people going to emergency rooms in this area with meth is down, and the number of people in drug courts with meth is down, and the number of people in prisons are down, or not.

Mr. SWEETIN. I don't know if you'll hear that. I'd be interested to see what you hear. What my point was is that the actual small toxic lab situation is decreasing. In terms of meth use, I think you have some people here that can certainly answer that question, but I wouldn't predict that's what you'll hear.

Mr. SOUDER. And—but you will predict that the number of people going to emergency rooms, the number of people going to prisons, the number of people in drug courts, the number of people in treatment due to lab arrests—that historically, almost all the people in prisons, drug courts, in the legal system have been from the labs, because they have to be picked up.

They're blowing up their neighborhoods. They're endangering their families. They're—they—and so that's where the touch comes usually with local law enforcement. And the disconnect I'm having is the EPIC numbers with the actual medical reporting.

Now, some of that could be people—judges are behaving different. I'm just wondering, because it's something we're having trouble reconciling. We believe that the association at counties is going to possibly report again that meth is their No. 1 local problem, that the drug courts seem to be rising as a percentage in meth.

We heard last week in treatment that it's a rising category—and doesn't appear to be crystal meth or non-mom-and-pop lab. And yet the administration position is it's a declining problem.

Mr. SWEETIN. Well, I'm not prepared to adopt what you said earlier, that there would be an automatic correlation between a reduction in small toxic labs and the problems affiliated with methamphetamine use. Methamphetamine use is—the people that are using methamphetamine—in recent cases that we've had, that methamphetamine use is at the street level.

These are danger—you may see some of the articles and press clippings from the region where our task force in Grand Junction hand a shootout with a man in a bowling alley, and I think you may hear some more about that case in a minute.

But that use would appear to people around it to be small toxic lab use, but by the time this methamphetamine makes it to the street, I will tell you that it's very hard to determine—the assumption that it's obvious, even at the treatment level, to determine where that lab—that dope came from—I would say that would be very difficult, that it would be hard to make the correlation that as small toxic labs decrease and, you know, methamphetamine use continues—it just continues on smuggled methamphetamine—I'm not sure you're going to see that.

Mr. SOUDER. OK. I wasn't saying they could identify it by the type of—to some degree, you can make some estimates based on purity and composition, but they're making it based on where they arrested them. In other words, they arrest the guy—I don't know the bowling-alley case, but if they arrest the guy in a bowling alley and they go to his house and they find a lab there, he obviously didn't get it from Mexico.

Is one thing here—are the small—are the mom-and-pop nazi labs, all the—that mix—are they making more? In other words, are—is part of this they're declining in number, but they're getting bigger?

Mr. SWEETIN. I don't—I haven't seen any data to support that. Our—most of the labs that we see are not very sophisticated labs. They're very, they're low volume labs. They're really bad chemical operations, fortunately and unfortunately. They're more dangerous that way, but they're not—the yield is not very good.

We're not seeing increased sophistication with these labs. We're seeing a reduction in them overall, but we're not seeing them look any better than they did several years ago.

Mr. SOUDER. I don't want—the one comment I want to make with this—and I'm not making an accusation. I'm saying something that we're going to have to deal with as a practical matter and why DEA and our Federal agencies need to look at the nexus that I was just discussing as we go through this process—because in my own district—Indiana was fifth highest in the number of labs—we're seeing a drop in labs but an increase in the pressures. And it's hard to sort through. And we need an explanation for that.

Because one of the things that I'm worried about politically in a sense—of a disconnect between the Federal and the State and local—is that the Federal Government has downplayed from the beginning, with the notable exception of DEA—because you were involved in the cleanup—and quite frankly, when I've followed through DEA over the years is the grassroots DEA agents knew there was more of a problem than the Washington headquarters did.

Director Tandy started to correct that. Director Tandy, in her meetings with other government agencies that were still poo-pooing the meth problem, argued internally—don't take this personally at DEA, but there is a vested interest in the Federal Government to prove that it's Mexican organizations, because then they can propose cutting the Byrne grants, cutting the HIDTA programs, cutting the local and State law enforcement task forces, because now it's a Federal problem we have to deal with.

And there's a disconnect if we can't establish how the transfer is occurring and what's happening at the local level, because it seems

to be working in the self interest of those who are making the argument—and that—I'm not arguing that the labs aren't dropping. We see the labs dropping.

And October 1st, when we do the national pseudoephedrine regulation, presumably we're going to see more dropping. But when you can't find it at the border and you can't find it—whether it's on the Internet, and we're seeing the problems at the local level—the pressure is increasing. People want an explanation.

And I know that's not the normal way we do this. But because of the history of how this drug epidemic has grown and the battle that's occurred around it, the Federal Government has more explaining to do than just making assertions. And that's the challenge.

Mr. SWEETIN. Well, I would just tell you it's in DEA's best interest to look at that and to make sure that we are using the correct numbers and the correct correlation. So I will tell you it is important to us as part of the administration and even to us in the field to make sure that we are seeing it right. So I'm sure those comments will be passed up to my bosses.

Mrs. MUSGRAVE. I just would like to ask you, in conclusion, how successful Operation Wildfire was.

Mr. SWEETIN. Well, nationally, Operation Wildfire was very successful. One of the things that was most successful about Operation Wildfire, if you go beyond the obvious statistical successes, was that it was a—you know, we've always prided ourselves in our ability to cooperate—particularly DEA has—that we don't look at cooperation as a luxury. We look at it as a necessity.

And what Wildfire did was it—across the country on—in one time window, we all focused on focused methamphetamine enforcement with our counterparts. So I—from my standpoint, I see it successful in a couple ways.

It was a great success against those people that are moving methamphetamine to our kids and to our communities. But more so, from my standpoint, it was a success in that what we found and what we really highlighted, I think, during that period of time was that if we all focus on something—you know, if you look at the post September 11th days, we all focused on certain things. If you focus on a problem, you stop other things that you're doing, which is ultimately what we do when we focus on those things, as do our counterparts—I think you have great success.

And I think it was a credit really to our counterparts, who—you know, they have—DEA's single mission—I have one primary thing that I have to do. Some of the speakers you're going to hear from have thousands of missions. And so when I go to them and I say, we want to do this; we think it's good for the country, and they do it, that's a good example of what we can do when we cooperate. So I think it was very successful.

Mrs. MUSGRAVE. Thank you.

Mr. SOUDER. Well, thank you very much for your testimony, and we'll try not to give too many written questions, so we can get a timely response. Thank you very much.

Mr. SWEETIN. Thank you.

Mr. SOUDER. If we can get the second table set up so we can get all the witnesses for the second panel.

[Recess.]

[Witnesses sworn.]

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

I appreciate you all coming. I'm looking forward to your testimony. And we'll start with—let me make sure I have our—that the order that they're on the—Mr. Abrahamson, start first.

STATEMENTS OF LARRY ABRAHAMSON, DISTRICT ATTORNEY, 8TH JUDICIAL DISTRICT; KEN BUCK, DISTRICT ATTORNEY FOR THE 19TH JUDICIAL DISTRICT; JOHN COOKE, SHERIFF, WELD COUNTY; LIEUTENANT CRAIG DODD, COMMANDER, LARIMER COUNTY DRUG TASK FORCE; JANET ROWLAND, COMMISSIONER, MESA COUNTY; BOB WATSON, DISTRICT ATTORNEY, 13TH JUDICIAL DISTRICT; AND MS. DONITA DAVENPORT

STATEMENT OF LARRY ABRAHAMSON

Mr. ABRAHAMSON. Thank you, Chairman Souder, Congresswoman Musgrave. Thank you for the opportunity to testify this morning in an issue that is of great concern to communities in Colorado. This issue of methamphetamine is an epidemic in Colorado and is truly one that we are seeing.

My name is Larry Abrahamson. I'm the district attorney for the 8th judicial district, which includes both Jackson and Larimer Counties. And I've been prosecuting in this jurisdiction for over 34 years.

Some of my comments had—were directly in relation to some of your comments earlier about methamphetamine and the nature of the drug and its effect on the Nation as well as our community. So I'm not going to reiterate those things that you have already addressed as areas that you have full knowledge of.

So I'm going to move on to some areas of particular concern to our community and some statistics that we're seeing that affect that we do. Obviously, the cost to communities throughout the country is huge.

Vanderbilt Burn Center reported in Newsweek in August 2005 in an article that they took on a $5 to $10 million uncompensated burden associated with meth burns. They reported that one third of all burns they treated were from meth.

Mississippi Firefighters Memorial Burn Center suspended new admissions in May 2005 and may need to shut down permanently, according to their report. Part of the reason they indicated was that the financial strain in treating meth burns was more than they could handle.

According to the adult drug courts that we have in Larimer County, 85 percent of the adult offenders listed methamphetamine as their drug of choice in 2004. This is a 34 percent increase over the previous 3 years. In 2005, 28 percent of juveniles listed meth as their drug of choice. In 2000, no one in the juvenile court—juvenile drug court listed methamphetamine as a drug of choice.

Meth is the primary drug threat in the State, and it is readily available in most population areas. Most methamphetamine avail-

able in Colorado, as you had indicated, is produced from Mexican cartels and criminal groups in California and Arizona.

As a result of these active groups, the U.S. Customs Service reports that Federal meth incarcerations in Colorado is greatly ahead of the national average. I believe it's 30 percent in Colorado—were Federal meth incarcerations, compared to the national average of 14 percent.

We cannot allow ourselves to play a catchup game when it comes to a drug that is insidious as meth. Once the community falls behind the drug problem, it is difficult if not possible to again gain the upper hand. We must be proactive, and we must be relentless.

One of the most concerning threats in our community is the effect it's having on children. 256 meth-related cases were investigated by child protection services in Larimer County. Also during the first 9 months of 2005, 52 children were actually placed outside of their homes directly because of the meth connection they had in that particular home with their parents.

Child protection received 388 referrals in which it was alleged that children were living in homes where their parents used methamphetamine. Sixty-five dependency and neglect petitions were filed in district court, and these were as a result of meth use of parents.

The government's primary role has historically been public safety, and we need to continue to remind ourselves that is a function that is paramount to all other functions when we look at how our tax dollars are being spent. When citizens do not feel safe in their own neighborhoods, it makes little difference whether the jogging trails are well maintained or the opera houses are in operation.

Although these are important to a growing and healthy community, they all must be put in perspective when prioritizing public needs. Public safety must be the primary function of government, and it must occupy the top spot on our priority list.

The battle not only requires financial resources. It also involves legislative authorization for communities and law enforcements to act.

And we need your help and support. And I have listed in the statement that I presented to you eight different ways that we feel that the Federal Government can be of assistance to local agencies when it comes to attacking the meth problem.

The first one I mentioned was the Federal financial support for drug courts. Drug courts have proven to be very effective and one of the most effective ways of dealing with the meth problem after a person has been charged and is before—in the court system. It's my understanding that some of the funds have been cut from that program this year, and that needs to be reexamined.

We need to establish Federal and local partnerships to increase community education on the dangers of meth and the effective methods of intervention.

We need to have a stronger DEA and Federal law enforcement intervention and coordination with local sheriffs, police and drug task forces.

Legislation for financially supported drug enforcement through fines, fees and forfeiture actions taken against drug dealers must be examined.

Stronger border and Coast Guard support to control the illegal flow of drugs into this country, which has been addressed and commented on by the earlier speaker.

Sanctions against countries who are not actively trying to control the cartels that control international drug traffic.

Incentives to encourage States and local governments to make public safety their primary concern.

And the continuation of support to encourage the earmarking of funds to assist local governments with criminal justice and public safety concerns.

And again, I thank Congresswoman Musgrave for the efforts that she has put forward in that regard.

Thank you for the opportunity to speak to you today. If you have any questions, I'd be happy to answer them.

[The prepared statement of Mr. Abrahamson follows:]

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CONGRESSIONAL FIELD HEARING

Committee on Government Reform, Subcommittee on Criminal justice, Drug Policy and Human Resources
July 7, 2006

Thank you for the opportunity to testify before you on our local issues and concerns relating to what has been referred to as the Methamphetamine Epidemic in Colorado.

My name is Larry Abrahamson, I am the District Attorney for the Eighth Judicial District which includes both Jackson and Larimer Counties. I have been prosecuting in this jurisdiction for over 34 years.

I would like to specifically address the impact methamphetamine is having on the criminal justice system and our community, as well as offer some suggestions on ways in which the federal government may be of assistance.

First, we all need to know exactly what we are talking about when referring to meth. According to a recent fact sheet on meth it is described as a highly addictive drug. It is a mental and physical stimulant that has a powerful effect on the central nervous system. Meth can be snorted, smoked, swallowed, or injected. People who use meth - even just once or "socially" -- can quickly become addicted. Because of the way meth acts on the brain, addiction is faster and more likely than most other drugs. Addiction is not the only risk for meth users. Meth users often stay awake for days at a time, leading to irrational and often criminal behavior. People who are under the influence of meth often become violent and lose all interest in their jobs, families, and loved ones. Getting high becomes the only important thing in life. With time, meth users become overly thin and suffer from major skin and teeth problems. Studies have also found that even with relatively short-term use meth causes brain damage that is similar to Alzheimer's disease.

The costs to communities throughout the country are huge.

Vanderbilt's burn center reported to Newsweek in an August 2005 article that they took on a five to ten million dollar uncompensated burden associated with meth burns. They reported that one third of all burns they treat are from meth. Mississippi Firefighters Memorial Burn Center suspended new admissions in May of 2005 and may need to shut down permanently. Part of the reason: the financial strain from treating meth-lab burn patients.

The Larimer County Drug Task Force reported that during the first half of 2005: 65% of all information reported was related to the use, possession, distribution and manufacture of methamphetamine.

- 34 arrests were specifically related to meth
- 12 meth labs were investigated that led to criminal charges

- According to the adult and juvenile drug courts:
    - 85% of adult offenders listed methamphetamine as their drug of choice in 2004 - this is a 34% increase over the previous 3 years.
    - In 2005 28% of juvenile listed meth as their drug of choice. In 2000, no one in the juvenile drug court included meth as their drug of choice.

In Larimer County:

Meth arrests:
2004: 57
2005: 95
Labs dismantled:
2004: 13
2005: 19
Meth seized:
2004: 5.6 pounds
2005: 12.9 pounds

Meth is the primary drug threat to this state, and it is readily available in most population centers. Most methamphetamine available in Colorado is produced by Mexican cartels and criminal groups in California, and Arizona.

Outlaw motorcycle gangs (OMGs) also produce and distribute methamphetamine in the state. These OMGs maintain extensive methamphetamine distribution networks throughout Colorado. Many OMGs obtain their methamphetamine from Mexican sources. Sons of Silence--which maintains its national headquarters in Colorado Springs--and Bandidos are the most active OMGs in Colorado; both distribute methamphetamine at the wholesale and retail levels. Other OMGs that distribute methamphetamine in Colorado include Brothers Fast, Hells Angels, High Plains Drifters, Iron Horsemen, and Sundowners. The Sons of Silence has a chapter in Fort Collins.

As a result of these active groups the meth use percentages are high in Colorado. Felony drug cases filed with the District Attorney in this jurisdiction (8th Judicial District) increased by 375% from 1996 - 2005. According to US Customs Service data, 30.8 percent of drug-related federal sentences in Colorado in FY2001 were methamphetamine-related, compared with 14.2 percent nationally. Additionally, according to the Drug Enforcement Administration, during the second half of FY 2000, the purity of methamphetamine in Denver, produced by Mexican sources and criminal groups, was typically only 10 to 20 percent. Local mixtures were often higher but since it has been harder to get the ingredients, that too has been diluted. The purity of crystal methamphetamine, which is becoming increasingly available in most metropolitan areas in Colorado, is higher than the purity of other types of methamphetamine. Crystal methamphetamine has tested as high as 90 percent pure in Colorado. Crystal methamphetamine is known by several names including crystal, glass, ice, and ventanilla.

Methamphetamine is most commonly abused in homes and other private locations in Colorado. Methamphetamine also is abused in public venues such as bars, nightclubs, and all-night rave

parties. The Drug Enforcement Administration (DEA) reports that methamphetamine is increasingly used in public venues by long-term club drug abusers seeking to intensify their high.

The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) estimates that less than 20 percent of the methamphetamine available in Colorado is produced in the state; however, these laboratories pose a significant threat to public safety. Most of the methamphetamine produced in Colorado is produced in volatile stovetop or "bathtub" laboratories..

The potential for methamphetamine related violence is a serious concerns of law enforcement officials in Colorado. Individuals addicted to methamphetamine often are unpredictable, frightened, and confused; they will often commit violent crimes to obtain the drug, particularly during the time the user is coming off his or her high. This is called the "tweaking" stage of abuse which creates an especially dangerous situation to children living in the user's home.

We cannot allow ourselves to play a catch-up game when it comes to a drug that is as insidious as meth. Once a community falls behind a drug problem, it is difficult, if not impossible, to again gain the upper hand. We must be proactive and relentless.

One of the most concerning threats to a community using meth is the affect on children.

In Larimer County alone:

- During the first 9 months of 2005, 52 children were placed outside their homes due to methamphetamine use by parents.
- Child protection received 388 referrals in which it was alleged that children were living in homes where their parents abused methamphetamine.
- 256 meth related cases were investigated by child protection services
- 65 Dependency and neglect petitions were filed with the District Court
- The District Court in the Eighth Judicial District reports that by far the greatest majority of Dependency and Neglect cases are directly related to methamphetamine use.

Children are the innocent victims of this drug and are frequently subject to severe physical and psychological problems as a result of mothers using during pregnancy. Children often experience a severe threat to their health if exposed to toxic chemicals associated with meth or while living in a home that becomes abusive as a result of meth usage. There are significant costs to a community and emotional damage to children who are taken from their homes while their parents' legal rights are being terminated, or while they are serving jail or penitentiary sentences.

In October of 2003 the White House Drug Policy Office formally sanctioned the Drug Endangered Children programs. These programs have been widely used throughout the west and are active in our community. It was good to see federal recognition of this type of program designed to protect children.

This is not a user or dealer problem. This is truly a community problem. When the innocence of our children is being threatened we have a major public safety issue. Government's primary role has historically been public safety. We need to continue to remind ourselves that this is a function that is paramount to all others functions we finance with our tax dollars. When citizens do not feel safe in their own neighborhoods, it makes little difference whether the jogging trails are well maintained, or the opera houses are in operation. Although these are important to a growing and healthy community, they all must be put in perspective when prioritizing public needs. Public safety must be the primary function of government and it must occupy the top spot on our priority list.

This battle not only requires financial resources, it also involves legislative authorization for communities and law enforcement to act.

Ways we need your help and support:

1. Federal financial support of drug courts -- this year huge cuts were made to one of our most effective treatment programs.
2. Establish federal, local partnerships to increase community education on the dangers of meth and effective methods of intervention.
3. Stronger DEA and federal law enforcement intervention and coordination with local sheriffs, police and drug task forces.
4. Legislation for financially supported drug enforcement through fines, fees and forfeiture actions taken against drug dealers.
5. Stronger border and coast guard support to control the illegal flow of drugs into this country.
6. Sanctions against countries who are not actively trying to control the cartels that control international drug traffic.
7. Incentives to encourage states and local governments to make public safety their primary concern.
8. Continuation of support to encourage the earmarking of funds to assist local governments with criminal justice and public safety concerns.

Thank you for allowing me to address these issues with you.

Mr. SOUDER. Thank you for being one of the first witnesses to ever publicly endorse earmarks.

Next, Mr. Buck.

STATEMENT OF KEN BUCK

Mr. BUCK. Thank you, Mr. Chairman, for this opportunity. I heard your questions earlier, and I'd like to allow others the opportunity to talk and maybe just address a few of the answers to some of the questions that you had.

Meth—I am the Weld County district attorney of the 19th judicial district, and meth is truly a human tragedy in our area. It is not just a human tragedy for the addicts whose lives are often ruined. It is also a human tragedy for the families of the addicts.

And Donita Davenport from the Christian organization—you'll hear from her later. But there are—there is so much need in our community for support groups because of what this terrible drug has done.

It's also had an adverse effect on employers because of lost time. And the economy is suffering in Weld County as a result of meth.

And the victims of crime—not just the direct impact, but the indirect impact of meth—the folks that have had their identities stolen and used to take money from them and banks and other organizations, the folks that have had their cars stolen, folks that have had other things stolen so that these meth addicts who are so dangerous and so needy can get the money that they need for their addiction.

There are several things that I think the Federal Government can do to help Weld County and to help others in America. The first thing is to shut down the Federal border. It doesn't surprise me at all that the Federal Government hasn't gotten much meth across the southern border recently.

If 12 million people, most of whom can cross the southern border in this country—I'm sure that folks can figure out how to get packages of methamphetamine into this country. And that is—that effort has to be redoubled to make sure that people and drugs are not coming across that border.

There are ways that the Federal Government can help prevent identity theft, which is a source of income for meth addicts. My son recently turned 18, and I went down to the post office with him and got this pamphlet so that he could register for the selective service.

In this pamphlet, there is a postcard, and on the back of the postcard he is required to fill out his date of birth, his Social Security number, and his name and address, and then to drop this in a post office box. There will be probably 10 to 15 people that have come into contact with this card between the time he puts it in the post office box and the time it reaches the selective service.

I've talked to a number of senior groups, and in those senior groups, I have heard consistently how they are concerned about their Medicare cards, because they are told that they have to keep those Medicare cards in their purse or on their person. If something happens to them and they're brought to the emergency room, somebody will be able to find out that information.

Well, on those Medicare cards, their name, their Social Security number, and their date of birth appear. And they're very concerned about that. If their purse is stolen, their identity is stolen.

There are a number of Federal forms that I think the Federal Government should examine—ways to try to reduce the identity theft.

You mentioned efforts to prevent especially young people from getting involved in meth. One of the county commissioners from Weld County, Glen Vaad is here, and Mr. Vaad is heading up a project in Weld County that is similar to the Montana Meth Project. And it has been very successful in Montana.

And Commissioner Vaad is trying to raise private funds to help with that kind of prevention effort. It is a multi-tiered public information effort aimed at young people so that those young people do not start in on that methamphetamine route, because once they start, the urge is so great that they often cannot stop until they've hit bottom.

Those are some of the things that I think the Federal Government could do. And I again appreciate very much the opportunity to address you.

[The prepared statement of Mr. Buck follows:]

Congressional Field Hearing
"The Methamphetamine Epidemic in Colorado"
July 7, 2006 @10:00
Loveland, Colorado

Testimony of District Attorney Kenneth R. Buck

Business owners forced to change their practices and facing the possibility of closing the doors because of all of the forged and fraudulent checks. A young couple afraid to go into their own home, scared after they've been burglarized, wondering if it will happen again. An elderly woman's life savings stolen while she's left to try to pick up the pieces and fight with creditors and collection agencies, possibly for the rest of her life. A mother, feeling helpless, not knowing what to do or how to help her young son, a man she had high hopes for, now a life thrown away. And a baby born with a drug addiction, set up for hardship and amazing obstacles that will last a lifetime, a child not expected to amount to anything.

These are the real life stories of methamphetamine, a drug slowly but surely eating away at the fibers that hold together a positive and productive society.

The residual effects of methamphetamine are staggering. A person can become addicted to meth after even one use and once they're hooked, they'll do absolutely anything, to get it. They'll steal your mail, including your checks, and try to pass and cash those forged and fraudulent checks at local businesses to get cash to buy the meth. They'll burglarize homes to get anything they can exchange for cash to buy the meth. They'll take advantage of our most vulnerable members of society, our senior citizens, and take them for everything they're worth, to get money to buy the meth.

In addition to these monetary costs associated with the methamphetamine epidemic in Colorado, there are other costs, more important costs, and those are the costs associated with the destruction and loss of human life.

Good families are losing their children to meth. Good children are losing their parents to meth. Young women are giving birth to babies addicted to meth, and the cycle will continue unless we do something about it, something drastic.

As the District Attorney in Weld County, Colorado, my office sees an exorbitant number of methamphetamine cases every year. Businesses in Weld County are losing hundreds of thousands of dollars every year to fraud and forgery, largely related to methamphetamine. Many homes and vehicles across Weld County are burglarized every year, many of these related to methamphetamine. And the most staggering statistic of all – approximately 400 babies are born in Weld County every year, addicted to methamphetamine from the time they take their first breath.

These children are all but set up for failure. They are smaller at birth and in turn, face physical disabilities, sometimes for their entire life. Their mental capacity and ability to learn are

affected, causing them difficulty in school and throughout life. Their ability to be affectionate and love is often affected. And unfortunately, the meth-using mothers and fathers that bring these children into the world will likely continue to use meth, making them less than adequate parents, creating yet more problems for their children, the innocent victims, to deal with.

Although it seems like the picture is rather bleak, there is hope, with resources. The federal government could help us deal with this methamphetamine epidemic in a number of ways.

All the evidence says that the majority of methamphetamine being used in Colorado today is being made in super-labs south of the border and shipped into the United States. A closed border would help to deal with this issue.

When a meth-using mother gives birth to a meth-addicted baby, the hospitals can't share any of that information with local law enforcement officials, thus making it difficult for us to stop the cycle. Changes to the HIPAA legislation allowing medical professionals to exchange information with the law enforcement community would help tremendously.

Although it's said time and time again, the cliché is true – we simply need more resources. As the jails across Colorado are currently bursting at the seams, we need more resources to be able to incarcerate both violent criminals, as we do now, as well as the meth users who are causing so much devastation and destruction in our society. Due to the current demands on the limited law enforcement infrastructure, these folks often receive sentences to probation or community corrections, leaving them on the streets to continue in their old ways.

We need more resources to support rehabilitation programs. The effects of this drug are so intense that without the possibility of rehabilitation, we have lost these people forever.

Finally, we need more resources to be able to deal with the problem on the front end, with prevention programming. When citizens in Montana got fed up with the rampant methamphetamine abuse in their state a number of years ago, they came forward with the financial resources and implemented the Montana Meth Project, an in-your-face way to keep their kids from ever trying this dangerous drug – and it's working.

With your help, we can make a difference. Methamphetamine is slowly but surely destroying our children, our families, our businesses and our community and we need to do something about it, now.

Mr. SOUDER. Thank you.

Can I ask each of the witnesses, just since I'm not from here—I see on the testimony of Mr. Abrahamson that you're from Fort Collins. Are we in Weld County?

Mr. BUCK. You're in Larimer County.

Mr. SOUDER. Larimer County. Where is Weld County?

Mr. BUCK. Weld County is just right to the west of——

Mr. SOUDER. OK. If there are other counties that you refer to or have in your testimony, would you kind of give me a brief idea of where I'm at?

Sheriff Cooke.

STATEMENT OF JOHN COOKE

Mr. COOKE. Good morning. Thank you, Mr. Chairman and Congressman Musgrave, for this opportunity to testify. I am the sheriff of Weld County, the county directly to the east, about—we start about 6 miles due east of here.

What you've already heard, you know, obviously and know—meth is a very serious and complex issue, and it's going to take long strategies to figure out what to do. Many of the issues—enforcement issues—you've already heard that the meth labs are down, and that's true in Weld County.

In 2003, we had 16 labs that we busted. In 2004, we had six, and in 2005, we had six. And so far this year, we've only had two. So it is a noticeable decrease. And we attribute that to several things. One is the precursors being behind the counters, so people can't just go buy unlimited amounts.

The other is the prosecution and stiff penalties for small—even a small amount of manufacturing. And it—these reasons—it's—I believe it's easier to import the drugs across and traffic the drugs across the border.

And then a final—another reason is the education, as the DEA mentioned. We are educating a lot of people. And Weld County is receiving a—did receive a cost grant where we're educating many people in the community what a lab looks like and what to do when they find one.

Even though the labs have been decreasing, there still is a major impact on law enforcement. In Weld County, four out of the last five homicides we investigated had direct ties to methamphetamine.

A Weld County detective recently mentioned to me that 50 percent of all property crimes are attributed directly to methamphetamine, property crimes such as burglary, theft, auto thefts, auto prowls. And about 90 percent of other property crimes such as bed checks, check washing and forgeries are a direct result of methamphetamine.

Some of the other issues are the manufacturing issues. And even though the numbers of labs have decreased, they still pose a great threat to the citizens of Weld County and to citizens of any jurisdiction. They usually have or contain two components, and that is how they obtain the chemicals.

Since it's illegal to obviously—to produce meth, they have to steal what they need, like the anhydrous ammonia that Congresswoman

Musgrave mentioned. We had a problem with that several years ago.

The other problem is the way they cook it and the poisonous gasses that they collect. And they collect it in what they call death bags. And these death bags are thrown anywhere that's convenient for them. And it contains, like I said, these poisonous gasses.

And so it has a direct impact and dangers to people like sanitation workers, to public road workers, to children walking to school. They can come across these death bags. And basically, it is a toxic waste site when one of these bags are distributed out to the public.

Another issue is importation issues. There has been a significant shift in production from local sources to foreign sources, namely Mexico. Evidence of this is directly reflected by the cost of an ounce of methamphetamine steadily increasing the further you are from the Mexican border or any large immigrant population or known trafficking corridor.

Also, lack of raw materials in the United States and readily available materials in Mexico, along with harsher sentences for the production of even small quantities of methamphetamine in this country, have forced production from the United States to Mexico.

With a non-secure border, methamphetamine and other drugs will continue to flow into the United States, I believe, at alarming proportions.

Another issue that I find is jail issues. Weld County has 400 beds for its inmates, yet we have over 600 inmates incarcerated, so we're at 200 over what we are allowed.

Our biggest increase are female offenders. They are the fastest growing population in Weld County. In 2004, male inmate admittance decreased by 2 percent while increasing over 9 percent for female. Again, in 2005, while there was a 4.2 increase in overall admissions into the jail, there was an 8.9 percent increase in female population.

And while male inmates have increased their level of violence, females have not. The majority of the female crimes are property crimes and drug crimes. They commit the property crimes to get the money for their meth. A recent survey of the females housed at the Weld County jail revealed that offenders who admitted using any kind of drug 24 hours before their arrest—85 percent of them used methamphetamine.

In many instances, the drug has become a revolving door for the women. Ninety percent of the women surveyed had been in jail before, and 77 women surveyed represented 379 separate incarceration periods. That's five separate incarcerations for each woman.

Incarcerating women significantly impacts all of society. The women mentioned in the survey are mothers to 183 children, and that is more than 2 children per inmate; 83 percent of those children were below the age of 18, and 59 percent of the children—below the age of 12.

A little more than 6 percent of the children are in the custody of Social Services. That leaves 94 percent of the children to be raised by other family members other than the mother or father, and—which—probably the grandparents.

There is a shortage of treatment facilities. There is a 6- to 8-week waiting period for meth users to receive treatment in local facilities.

And so in conclusion, I'd just like to say that many things can be done. You've heard about them. I believe getting control or securing the border—continue efforts, supporting law enforcement—from the Federal Government, continuing treatment or increasing the treatment, and increasing the budget for DEA to assist local agencies. Thank you.

[The prepared statement of Mr. Cooke follows:]

Congressional Field Hearing
"The Methamphetamine Epidemic in Colorado"
July 7, 2006 @10:00
Loveland, Colorado

Testimony of Sheriff John Cooke
Weld County Sheriff's Office

The Methamphetamine Epidemic

as seen through

Weld County Eyes

Methamphetamine is a complex and serious problem. There are many issues surrounding the manufacturing, distribution and consumption of this drug both locally and nationally.

Enforcement issues:
Recently, methamphetamine labs were the number one concern for law enforcement officials. While the labs remain the most problematic situations that we must deal with, they are becoming fewer in number. Weld County has seen as steady decrease in the number of labs being discovered. In 2003 there were 16 labs that were discovered and dismantled. In 2004 that fell to 6 and in 2005 that number remained at 6. To date in 2006 we have only had 2 labs in the entire first half of the year. We attribute this trend to a number of things. One has been the enactment of local municipal ordinances that require some of the precursor chemical such as pseudo-ephedrine to be sold from behind the counter. Another cause for the decrease in labs is the stiff penalties imposed for the manufacture of even a small amount of methamphetamine. Because of this it is simply easier to import or traffic the drugs into the US than it is to make it here. The last factor in reducing the number of labs has been the drive to educate citizens as to what to look for, thus increasing the chances of the producer getting caught much greater. Even with the reduction of labs there remains a continued and constant impact on the law enforcement community. It has been determined that 4 out of the last 5 homicides investigated by the Sheriff's Office had a direct tie to methamphetamine. A Weld County detective related that better than half of all property crimes such as theft, burglary, auto prowls and auto theft itself are related to methamphetamine. He also said that better than 90 % of all frauds and check washing crimes he has investigates are associated with methamphetamine.

Manufacture issues:
Even with the number of labs being reduced their presence still creates great concern on at least two different levels. The first involves the materials used in methamphetamine production itself and their acquisition. Since producers of Meth or "Cooks" are engaged in an illegal activity they have no regard for legal purchase thus they usually steel what they need. Two such items, iodine and anhydrous ammonia are commonly used in agriculture. It is in these two products that there are sufficient quantities of the base product to make manufacturing feasible. This in turn can have a measurable impact on local faming communities. The other issue is the waste products

that are associated with the production of methamphetamine. Because the manufacturing process is obviously unregulated as an illegal act, there are no controls over the byproducts or how they are disposed of. The byproducts of methamphetamine production are usually toxic solvents that have been contaminated with other toxic byproducts thus creating a volatile chemical cocktail. Even the "Cookers" refer to one of their byproducts as a "death bag". This is where Cookers collect highly poisonous gasses from production. Since there is no legal disposal of these death bags they are thrown any place that is convenient. These actions expose the entire community, from road maintenance and sanitation workers to children walking to school or anyone else who enjoys walking or working outdoors, to what amounts to a hazardous waste site.

Importation issues:
As with all free market enterprise, manufacturers regardless of whether their product is legal or illegal will seek to produce their product in a manner in which they achieve the greatest profit. With illegal drugs, part of the bottom line is the cost of possible incarceration or other substantial governmental punishment. There has been a significant shift in production from local sources to foreign sources namely Mexico. Evidence of this is directly reflected by the cost of an ounce of Methamphetamine steadily increasing the further you are from the Mexican border, or any large immigrant population, or known trafficking corridor. Also, lack of raw materials in the United States and readily available materials in Mexico along with harsher sentences for the production of even a small quantity of methamphetamine in this country have forced production from the United States to Mexico. With a non-secure border methamphetamine and other drugs will continue to flow into the United States at alarming proportions.

Jail issues:
Female offenders are the fastest growing population of inmates in the Weld County Jail. In 2004 male inmate admittance decreased 2 % while increasing 9.2 % for females. Again in 2005 while there was a 4.2 % increase in overall admissions there was an 8.9 % increase in the female population. While males have increased their level of violence, females have not. The majority of female offenders are incarcerated directly for drug crimes, or property crimes. The incarceration for property crimes are often related to obtaining money for the purchase of Methamphetamine. A recent survey of female inmates housed at the Weld County jail revealed that offenders who admitted using any kind of drug 24 hours prior to their arrest, 85% used Methamphetamine. In many instances the jail has become a revolving door for these women. 90 % of the women surveyed had been in jail before. The 77 women surveyed represented 379 separate incarceration periods. This averages out to 5 separate incarcerations per person.

Incarcerating women significantly impacts society. The woman mentioned in the survey are mothers to 183 children. That is more than 2 children per inmate.
83 % of those children were below the age of 18 and 59 % were below the age of 12. A little more than 6 % of the children are in the custody of social services. That's roughly 94 % of these children to be raised by family members other than their mother or father, often grandparents.

Treatment issues:
There is shortage of inpatient treatment for methamphetamine users in our region. On average there is a 6 to 8 week waiting period to get into our local inpatient treatment facility. Once there,

only one in eight can expect successful treatment and be able to kick the addiction. The local treatment facility estimates that even with a drug like alcohol a person is likely to have 7 relapses before they are able to completely stop. Treatment providers simply have not been able to determine just how many times one is likely to relapse with methamphetamine. Some methamphetamine users say it's harder to quit Meth than it is heroine.

Conclusions:
The methamphetamine issue won't go away. We can fight this epidemic with a multi-pronged, multi discipline approach. There have been great strides in educating the public as to the dangers of Meth, and ways to recognize the signs of its use and manufacture. In Weld County we have implemented a COPS grant that is directly tasked with doing just that. We are not only educating those who are likely to come in direct contact with the labs such as sanitation workers, home health care workers and peace officers; we are also educating those who are less likely to have direct contact with labs or their byproducts. This includes people in the community that can impact a change in behavior. We are talking about church and civic groups, community leaders and business owners. We must be ready to offer effective treatment to all those who seek it. We need to keep up the efforts of our community leaders to pass laws and ordinances that limit the ability to obtain the chemicals that are critical to the manufacture process. We need to support the criminal justice system in sending a clear and unwavering message that the manufacture of this substance simply can not be tolerated. While we have been effective in reducing the local production of this vile substance the federal government must secure the border to reduce the flow of Meth and other drugs from coming into this country. While it is a monumental task, we must work to control the importation points and make sure that we are giving our local, state, and federal law enforcement agencies the tools necessary to interdict the supply as quickly and effectively as possible. There are no short-term solutions that will work. There are only long-term strategies that can impact the epidemic.

Thank you for taking the time to read this statement and for allowing me to testify before this committee.

Mr. SOUDER. Thank you.

Lieutenant Dodd is the commander of the Larimer County Drug Task Force. Thank you.

STATEMENT OF CRAIG DODD

Mr. DODD. Good morning. Thank you for allowing me to testify here today. It's indeed an honor. My name is Craig Dodd.

I am commander of the Larimer County Drug Task Force. The intent of my testimony is to share with you my observations as a law enforcement professional for the past 22 years, as well as provide some insight as to the scope of the problem here in Larimer County, and to provide recommendations that will enable you—enable us to have greater impact on the issue.

Mr. SOUDER. Can you check to see if the mic—is the mic on? Or maybe you can pull it a little closer.

Mr. DODD. There we go. Is that better? Sorry about that.

The Larimer County Drug Task Force is comprised of 17 full-time employees, 14 of which are drug investigations, from four Larimer County law enforcement agencies. We serve a population of 300,000—nearly 300,000 people spread over 2,640 square miles.

My first experiences as a drug—with drug crime came in the late 1980's as a narcotics detective. During this time, meth existed. However, it was isolated to a small group of outlaw motorcycle gang members. In the 1980's, the threat and the impact on the quality of life to our citizens was minimal and quickly eliminated.

Today it's much different. The threat is much greater and much different. Conservatively, 70 percent of the meth coming into our community is coming directly or indirectly from Mexico.

That question has come up a couple of times. And how we—why we believe it is coming from Mexico is through our intelligence sharing with the Federal Government, with DEA specifically. We'll get information from drug dealers that are here locally that'll say that the drugs are coming from Mexico.

We'll get information about vehicles that are going down to bring the drugs back. And we can confirm those—that information through border crossings. So that's part of the reason why we believe it's coming directly from Mexico.

In the late 1980's, we rarely encountered methamphetamine in amounts greater than 1 ounce. Today, when we're dealing with drug dealers, 1 ounce is the minimum amount of methamphetamine that we're purchasing and seeing.

In 2005, the Larimer County Drug Task Force seized 12.9 pounds of methamphetamine from drug dealers here locally, which is almost double what we had seized from—in 2003 and in 2004.

The community impact of meth in Larimer County is significant, and it mirrors other communities. We are experiencing increases in violent crime, property crime, identity theft, all related to methamphetamine addiction. Due to the increase in meth-related crime, our judicial system has become overburdened, causing significant budget demands on governmental entities already struggling with budget shortfalls.

The city of Fort Collins, of—who I work for, recently cut $4 million from its general fund budget, and in 2007, we'll have to cut an additional $6.8 million. Although I consider Larimer County

communities safer than most, we're on the brink of losing ground to the meth issue because of a lack of personnel resources.

Unfortunately, because of our emphasis and deployment of resources to target the sale and manufacture of meth, we're being overrun by what is considered a gateway to meth, marijuana.

In 2005 alone, the Larimer County Drug Task Force seized 83 pounds of high-grade or indoor-grown marijuana, 1,900 plants and assets totaling nearly three-quarters of a million dollars. Indoor-grown marijuana that's produced locally is being sold for approximately $4,500 per pound.

From a law enforcement perspective, we must stay on stop of the meth and other local drug issues. Historically, Larimer County law enforcement has successfully forecasted and adjusted our resources to combat new crime issues. Gang presence is a perfect example of something that we addressed nearly a decade ago and have kept on top of.

Larimer County is a model community in regards to creating and maintaining partnerships and collaboration with our community. Unfortunately, when resources are spread so thin, you tend to lose the creativity and the motivation to stay ahead of the game. We can't let that happen. It's much easier to keep up than to catch up.

I have—there are several recommendations for your consideration that would assist us in maintaining or reducing meth-related issues in our community. Here are a few.

The influx of meth from Mexico is increasing. And in response, we need assistance from the Federal Government to take greater control of our southern border in hopes of reducing the supply of meth and number of drug criminals entering our country.

The inundation of meth on our judicial system has made it unrealistic to deal with this crime problem with a traditional approach. Putting all meth addicts in jail is no longer an affordable solution. We must approach this issue by making a concerted attempt to rehabilitate offenders. We need additional funding for treatment programs.

We need to continue to increase communication and collaboration of local and Federal law enforcement so we are insuring that drug suspects and organizations are investigated and prosecuted at all levels. This can be accomplished by adding DEA assets to northern Colorado.

When considering the distribution of State and Federal dollars, specifically grant-funding opportunities such as ONDCP, HIDTA, JAG/Byrne, consider increasing the moneys available to multi-jurisdictional drug task forces and other projects which directly impact the meth problem.

Historically, drug task forces have been successful in addressing crime issues because of our multi-disciplinary and non-traditional approach. Thank you—thanks for allowing me to testify.

[The prepared statement of Mr. Dodd follows:]

Congressional Field Hearing
"The Methamphetamine Epidemic in Colorado"
July 7, 2006 @10:00
Loveland, Colorado

Testimony of Craig Dodd
Commander of the Larimer County Drug Task Force

First of all, thank you for allowing me to testify here today, it is indeed an honor.

My name is Craig Dodd, Commander of the Larimer County Drug Task Force, a multi-jurisdictional drug task force.

The intent of this testimony is to share with you my observations as a law enforcement professional in Larimer County for the past 22 years, as well as, provide you with insight as to the scope of the methamphetamine problem in Larimer County and provide recommendations that may enable us to have a greater impact on this issue.

The Larimer County Drug Task Force (LCDTF) is comprised of 17 Full Time Employees's, 14 of which are drug investigators from five Larimer County law enforcement agencies. We serve a population of nearly 300,000 spread over 2,640 square miles.

My first experiences with drug crime came in the late 1980's as a narcotics detective. During this time, methamphetamine existed, however, it was isolated to a small group of outlaw motorcycle gang members. In the eighties, the threat and impact on the quality of life to our citizens was minimal and quickly eliminated.

Today, the threat is much greater and much different. Conservatively, 70% of the methamphetamine coming into our community is coming directly or indirectly from Mexico. In the late 80's, we rarely encountered methamphetamine in amounts greater than one ounce. Today, one ounce is the minimum. In 2005, the LCDTF seized 12.9 pounds of methamphetamine from dealers, twice as much as in 2003 and 2004.

The community impact of methamphetamine in Larimer County is significant and mirrors that of other communities. We are experiencing increases in violent crime (reported and un-reported) linked to methamphetamine addiction. These same criminals are committing property and identity theft crimes to fund their drug addiction. Due to the increase in meth related crime, our judicial system has become over-burdened, causing significant budget demands on governmental entities already struggling with budget shortfalls. The City of Fort Collins, a major financial contributor to the LCDTF, has recently cut nearly 4 million dollars from the general fund budget and must cut an additional 6.8 million dollars in 2007. Although I consider Larimer County communities safer than most, we are on the brink of losing ground to the methamphetamine issue because of a lack of personnel resources.

Unfortunately, because of our emphasis and deployment of resources to target the sale and manufacture of meth, we are being over-run by what is considered a "gateway" to meth – marijuana. In 2005, we seized 83 pounds of high-grade marijuana, 1900 plants and assets totaling three-quarters of a million dollars. High-grade marijuana sells for $4,500 per pound in our area.

From a law enforcement perspective, we MUST stay on top of methamphetamine and other local drug issues. Historically, Larimer County law enforcement has successfully forecasted and adjusted resources to combat new crime issues. Gang presence is a perfect example of something we addressed a decade ago when it was a small problem. We have been successful keeping our county relatively gang-free. Larimer County is a model community in regards to creating and maintaining partnerships and collaboration with our community. Unfortunately, when resources are spread so thin, you tend to lose the creativity and motivation to stay ahead of the game. We must not let this occur. It's much easier to keep up, than to catch up.

There are several recommendations for your consideration that would assist us in maintaining or reducing meth-related issues in our community, here are a few:

1. The influx of methamphetamine from Mexico is increasing. In response, we need assistance from the federal government to take greater control of our southern border in hopes of reducing the supply of methamphetamine and number of drug criminals entering our country.

2. The inundation of meth on our judicial system has made it unrealistic to deal with this crime problem with a traditional approach. Putting all meth addicts in jail is no longer an affordable solution. We must approach this issue by making a concerted attempt to rehabilitate offenders, creating an opportunity for them to become contributing members to society. We need additional funding for treatment programs.

3. We need to continue to increase communication and collaboration of local and federal law enforcement so we are insuring that drug suspects and organizations are investigated and prosecuted at all levels. This can be accomplished by adding DEA assets to Northern Colorado.

4. When considering the distribution of state and federal dollars, specifically grant funding opportunities, consider increasing the monies available to multi-jurisdictional drug task forces and projects which directly impact the meth problem. Historically, drug task forces are successful in addressing crime issues because of our multi-disciplinary and non-traditional approach.

Lastly, we should never give up hope of defeating the meth problem, but need to be realistic. The difference between methamphetamine and other drug issues is that methamphetamine is a drug which is almost impossible to overcome without sufficient resources in place.

Mr. SOUDER. Thank you.

Next witness is Honorable Janet Rowland, Mesa County commissioner.

Where is Mesa?

STATMENT OF JANET ROWLAND

Ms. ROWLAND. Thank you for allowing me to speak today. We are actually about 300 miles southwest of here along the Colorado/Utah border. Our population is roughly 140,000, and our county seat is the city of Grand Junction.

I am county commissioner. And prior to being elected, I worked for our local department of human services for 10 years and spent 3 of those years in child protection investigating allegations of abuse and neglect. So I'm pretty familiar with some of these issues.

And I believe that to appropriately address our meth situation, we need to look at both the supply and demand side, and we need to focus our efforts on prevention, enforcement and treatment. And specifically, I believe that we should make our response based on facts and data and not anecdotal information.

To that end, in Mesa County we conducted research over a course of 8 months. I have three copies that I will leave with you of our white paper. During that time, we interviewed 200 inmates in our jail. We conducted five focus groups with current users, former users, at-risk users, family members of users.

We look at 3 years of autopsies and data from law enforcement, the courts, the department of human services, and several other agencies. Those are all highlighted in here. I can tell you that 75 percent of our cases in child protection, most of whom are in foster care, are directly related to methamphetamine. Fifty percent of our inmates indicate that they were in possession of meth at the time that they were arrested, and nearly 80 percent of them report being high on meth when they were arrested.

So based on that information and using a logic model, we developed a strategic plan that looked at enforcement, prevention and treatment. In the area of enforcement, we began to notice a revolving door. We had inmates who would bond out and commit two or three more crimes before they ever went to court for their initial crime. And so our DA, Pete Hautzinger, developed what we call the Fast Track program, which allows non-violent first and second offenders who are only in possession or use of meth to plead guilty and go into treatment.

If they successfully complete treatment and stay clean and do not reoffend over 2 years, then those charges are dropped. That program has just started, and we will be monitoring it for its success.

In the area of treatment, at the same time we were conducting this research, we were doing a criminal justice study for Mesa County, because we too had overcrowded jails. And what we learned from that study is that we ought to—needed to build a meth-treatment facility or a new jail pod. And we could build a meth-treatment facility for $3 million less than a jail pod and operate it at about half a million dollars less per year. We broke ground on that facility last month, and we hope to have that open by the first of next year.

As county commissioner, one of the calls I get more than anything, more than barking dogs and my neighbor's junk, are family members who have adult children who are involved in meth who often have grandchildren who are involved, and they don't know what to do. So also in our treatment committee, we have developed some family support groups to help those individuals.

I believe you are aware of the drug-endangered children efforts. In Mesa County, we are following State and national protocol to ensure that we have good connections between our law enforcement and our child protection agencies.

And in the area of prevention, we are developing programs that are based again on evidence-based curriculum that will be used in both the classroom setting—as well as public education and marketing campaign.

We know that the children most at risk of using meth are those that we have—a captive audience. They are in foster care. And so we are developing support groups, education groups for those children, treatment programs, as well as tool kits for the foster care parents that work with them daily.

As you consider what the Federal Government can do to help stop this epidemic, I would ask that you look at it from a supply and demand side and that you would focus your efforts on enforcement, treatment and prevention. And I have four requests.

One is to ensure that the provisions of the Combat Meth Act are implemented, to ensure that funding allocated in the Combat Meth Act is appropriated, and to focus on stronger enforcement of our borders.

We do know that, although in Mesa County we obtain about $1 million worth of meth a year, we only uncover on average about three to four small mom-and-pop labs. So whether this meth is coming from Mexico, Canada—I can't speak to that, but I know it's not being manufactured in our community. And we know that based on research.

So I would ask that you would initiate an analysis by the GAO to determine the adequacy of our Federal Government's efforts in that area.

And finally, what's most important to me as county commissioner is that you will ensure funding for our HIDTA programs. I have with me today a front page of our newspaper that—Mr. Sweetin spoke about this arrest. Thirty-one individuals were arrested in March of this year in Mesa County.

It was the largest meth drug ring on the western slope of Colorado, and it was due to a collaborative effort between our city police department, our county sheriff, our local DEA office, and our Rocky Mountain HIDTA program. And this drug bust could not have happened without HIDTA.

And I know there have been some attempts to cut that funding, and I appreciate your support of continued funding in that area.

And in closing, I'll just say that as a county commissioner and Republican, I do not believe that government and certainly the Federal Government should be the answer to all of our problems. But in the area where government is ultimately responsible, such as public safety and child protection, I do believe that prevention is the best way to go.

And if we can prevent the demand for this drug by public education and treatment, and if you can prevent the supply of this drug through enforcement and especially at our country's borders, I believe that we can lessen the burden on government and tax dollars. And I ask that you would prioritize funding in those areas. Thank you.

[The prepared statement of Ms. Rowland follows:]

Impacts of Methamphetamine in Colorado
A local government perspective

Janet Rowland
County Commissioner, Mesa County, Colorado
Testimony before the Subcommittee on Criminal Justice-
Drug Policy and Human Resources
July 7, 2006- Loveland, CO

Counties across the nation are dealing with the ever increasing burden of Methamphetamine abuse and working with state and local officials to address it. Mesa County is no exception.

I believe that to appropriately address this problem we need to address it from both the *supply* side and the *demand* side and with efforts in the areas of prevention, enforcement and treatment. I also believe that our response should be *based on facts and data*, not anecdotal information.

To that end we in Mesa County conducted research over the course of eight months. During that time we interviewed 200 inmates in our county jail, conducted five focus groups (current meth users, former meth users, family members of meth users, non users that were considered "at-risk" and law enforcement), reviewed three years of autopsies and reviewed data from law enforcement, human services, and local hospitals among other agencies.

Highlights from our research indicated that:

- 50% of child protection cases involving youth over the age of 12 were directly related to meth
- 75% of child protection cases involving children under the age of 12 were directly related to meth
- 50% of those in the Mesa County jail reported being in possession of meth when they were arrested
- 80% of those in the Mesa County jail reported being high on meth when arrested
- Law enforcement confiscates, on average, $1 million worth of meth per year, yet only uncover, on average, 3 or 4 labs per year. These are small kitchen sink and bath tubs labs that produce just two to three ounces per time. This tells us that similar to the national statistics, the majority of our meth is not being manufactured in our county, but rather it is coming from the South West border.
- Over 60% of those that use meth reported they first used meth before the age of 20, and nearly 20% of them reported first using meth before the age of 15.

Based on this acquired data, and using a Logic Model, Mesa County developed a strategic plan to implement methods of enforcement, treatment and prevention in order to address the issue of meth in our community.

Mesa County's Response

Enforcement

Many of those arrested for a meth related crime typically bond out and commit two or three more crimes before ever going to court on their first count. To address the revolving door problem, our District Attorney, Pete Hautzinger, developed the Fast Track program. In this program those arrested for non violent crimes, limited to possession or use and not manufacturing or distribution, are able to plead guilty and go directly into treatment. If they successfully complete treatment and do not re-offend or re-use for a period of two years, the charges are then dropped.

Treatment

At the same time that Mesa County was conducting research on the problem of meth in our community, we were also conducting a criminal justice study, to determine possible solutions to our over crowded jail. What we learned from that study is we either needed to build a new jail pod or a meth treatment facility. We were able to build a three story criminal justice facility, with two floors dedicated to community corrections and

work release and one floor dedicated to meth treatment for $3 million less than a jail pod and $500,000 less per year to operate than a jail pod. We broke ground on this facility last month and hope to have it completed by the first part of 2007.

Drug Endangered Children
You have heard testimony about the issue of drug endangered children. In Mesa County we are following the state and national model of better coordinating the efforts of Law Enforcement and Child Protection through a Memorandum of Understanding.

Prevention
In the area of prevention we are developing a program based on evidenced based curriculum that will be used for classroom based training as well as advertising for a public education campaign. The classroom based training will be available in public and private schools as well as other programs/agencies that serve youth such as Girl Scouts, Boy Scouts, Young Life, etc. The public education campaign will include paid media and earned media with a central theme and consistent message based on social-norming for the most positive impact. We are also focusing our efforts on those children who are most at-risk of using meth (or other substance) and those are children in foster care, who comes from homes where substance abuse and domestic violence are prevalent. To that end we are developing Tool Kits for Foster Parents, to enable them to install positive life skills and resistance skills in the children who are temporarily placed in their care.

Request:
As you consider what the Federal Government can do to help stop this epidemic, I ask you to think about supply and demand through efforts of enforcement, treatment and prevention. In that light, my request of you today can be boiled down to this:

1. **Ensure the Combat Meth Act is implemented** especially as it relates to national and international regulation of precursor chemicals such as pseudoephedrine and ephedrine; enhanced criminal penalities for meth production and trafficking and enhanced sentencing for the manufacturing or distribution of meth in the presence of children.

2. **Ensure the funding allocated in the Combat Meth Act is appropriated** especially for grants to States to address the manufacturing, distribution and use of meth in Hot Spot areas; programs for Drug Endangered Children and competitive grants to provide addiction treatment for pregnant or parenting women.

3. **Focus on a stronger enforcement of our borders**. Although this issue is briefly mentioned in the Combat Meth Act the plan of attack is simply not strong enough.

   Recent estimates by the Federal Drug Enforcement Agency indicate that between seventy and eighty percent of methamphetamine in the nation is illegally trafficked from Mexico. The United States simply cannot make meaningful headway against the massive proliferation of meth activity and all its myriad harmful consequences until we successfully reduce trafficking of meth from Mexico.

   Drug interdiction, and specifically border control, **must** be addressed in an international context and must be considered a crucial element of foreign policy.

   To that end, the Colorado State Legislature passed a joint resolution this year calling on Congress and the Administration to do several things as it relates to Meth trafficking from Mexico. Additionally, County Counties Inc approved a resolution last month, to present to NACo next month, also **calling on Congress and the Administration to do several key things**;

(1) **Immediately enact laws that would substantially increase security on American borders and in ports of entry to obstruct the trafficking of methamphetamine** and pseudoephedrine from Mexico into the United States, including a multi-governmental effort among the military and federal, state and local officials;

(2) **Immediately engage the President of Mexico and other top-ranking officials in the Mexican government regarding Mexican methamphetamine trafficking,** using all reasonable means to convince Mexico to partner with the United States in an aggressive effort to stop the illegal flow of methamphetamine into the United States; and

(3) **Initiate an analysis by the General Accounting Office to determine the adequacy of the federal government's efforts through** diplomatic, law enforcement, and border control means as they pertain to methamphetamine trafficking from Mexico.

4. **Finally, ensure that High Intensity Drug Trafficking Area (HIDTA) programs are adequately funded**. A cut in funding for HIDTA will eliminate or severely scale back local drug fighting and special drug fighting teams including the Grand Junction based Western Colorado Drug Task Force. It also has the potential to eliminate the Rocky Mountain (HIDTA) Program or, at a minimum, the program would become basically ineffective. It will virtually eliminate the regional drug threat assessment as well as planning and executing a strategy to address the drug threat.

   Further, the impact would be a loss of neutral leadership and coordination within our region. It would eliminate approximately 45 training courses including gang training, basic drug training, clandestine lab certification, etc., and over 1,300 students annually for a total of 43,000+ student hours. This is equivalent to close to 75% of all the drug law enforcement training offered in the region. The list goes on and on of the impacts of this potential federal funding cuts to HIDTA would do.

   Meth is a significant problem in Mesa County, and the HIDTA funding is essential to our ability to address the problem.

As a County Commissioner and a Republican, I do not believe that the government, and especially the Federal government, should solve all the problems of citizens. I do however believe that for areas where government is ultimately responsible, such as public safety and child protection, prevention is always the best option. If we can prevent the demand for this drug through public education and if we can prevent the supply of this drug through enforcement, especially at our country's borders, we can lessen the burden on government and tax dollars for public safety.

Thank you.

Mr. SOUDER. Thank you very much.

Ms. Davenport, we're going to finish with your testimony.

If we can move to Mr. Watson, district attorney for the 13th judicial district.

STATEMENT OF ROBERT WATSON

Mr. WATSON. Thank you, Mr. Chairman, Congresswoman Musgrave. I am Bob Watson, district attorney for the 13th judicial district here in Colorado.

And I have to say I feel a little bit like I'm preaching to the choir. I had the privilege of seeing the chairman speak on methamphetamine to the National District Attorney's Association in February. I've had a number of conversations with Congresswoman Musgrave. So I know the two of you are very familiar with the problems of methamphetamine.

You've heard a lot of testimony today, and I don't want to repeat what others have said much better than I could. I simply want to focus on my district, which I think in a lot of ways sums up the problems facing rural communities.

The chairman asked for a description of what our areas are like. I have seven counties spread out over more than 11,000 square miles, an area larger than nine States. Basically, everything east of what the others have described to the borders of Nebraska and Kansas, everything from the northern part of the State down to the mid part of the State is part of my jurisdiction.

In there we have basically 24 law enforcement agencies—it depends on how you compute some of them—most of which are very small. They're one- to three-man or three-officer operations. At some of our counties, we don't have 24-hour law enforcement coverage. There's time when there simply is no law enforcement on duty.

You have heard about HIDTA. You've heard about EPIC. You won't find anything about us in those. We're not part of HIDTA. We're basically on our own. To do this, we don't have narcotics detectives and agencies. We've had to band together and try to come up with ways to battle methamphetamine.

To put it in some perspective, State health agencies have told me that if you look at substance abuse in total, including alcohol in as substance abuse, Colorado ranks No. 2 in the Nation. One of the distinguishing features of my jurisdiction and a very sad one is that if you just look at methamphetamine, northeast Colorado, my area, ranks No. 1 in the State for per-capita abuse. It's my No. 1 problem that I have.

Our population is fairly flat in northeast Colorado, so it's a pretty good barometer for how times have changed over a few years. Not too many years ago, my predecessor was able to operate by himself and three prosecutors out of a single office. I now have 10 prosecutors working for me full-time out of four different agencies.

Last year alone, in Morgan County, to use that one as a specific example—because I know the Congresswoman's very familiar with Morgan County—our felony filings jumped 70 percent just last year. That's 100 percent attributable to methamphetamine.

We do have the Drug Task Force, the Eastern Colorado Plains Drug Task Force. And with me today, not at the table but in the

audience, is Commander Jeff Annis, the commander of that task force; Lieutenant Walt Page of the local county sheriff's office, the immediate past commander.

When this started about 3 years ago, we had four agents on the Drug Task Force in a highly successful operation. We have put an awful lot of people behind bars. Now, since I've taken office about 18 months ago, we changed how we went after drug dealers and drug manufacturers. And as a result, a lot of the people who were involved in the business no longer are. They're behind bars.

Unfortunately, last year the task force funding was cut 30 percent, which cost one of the positions—actually, one plus—being caught up by some of the other agencies. This year we've already been told that the best we could get would be 90 percent, probably as low as 50 percent, past funding, which may simply mean that we will cease to exist as a drug task force, which means northeast Colorado will surrender on the war on drugs. We have no other way to operate on that.

And the importance of this, I think, was demonstrated by the gentleman from the DEA who explained how Denver is often a hub for the methamphetamine that are brought in, which are then repackaged and sent to places east of here.

If you look at the map of Denver, there are two interstates which leave Denver headed east. One is I76, which—not far from here, and the other is I70, which—headed direct east, both of which are in my district. That confirms—comports with what we have been seeing, an awful lot of Mexican meth being transported throughout northeast Colorado.

If you come and look at one of our dockets 1 day, you will see that compared to past years, the number of Hispanic surnames has greatly increased. Frankly, we're not seeing the labs that we used to see. We have to have a lot of labs. A lot of them had hydrous stuff, which—I can go into more detail in a minute.

But that's pretty much dried up. Consistent with what you've heard from the others, we have onesies and twosies that we see on a yearly basis now. It's almost all Mexican methamphetamine that are coming through.

As Commissioner Rowland testified to a few moments ago, we aren't just looking at the enforcement aspects of this. We have to stop the epidemic that's ravaging our communities. And enforcement has to be a prong of that, and we work very hard in trying to get that in place, and we need to keep that. But we also recognize it's not the only part.

I have been stunned by the amount of interagency multi-disciplinary interest in solving this problem and how people have come together and worked on it. In northeast Colorado, we've put together a regional facility. And as you may know, we're not a very rich jurisdiction.

But what we have decided to do is we have to create a drug treatment facility in northeast Colorado. There is no residential care there now. So we have simply put it together. We have formed—it's called Healing Tree. I'm on the board of directors for that. We're going to start a residential treatment program.

Part of that will also include some type of a diversionary program for the methamphetamine addicts, the users who are involved

in low-level felonies. We can kind of divert them into that and try to get something done.

Colorado has also passed legislation which is signed recently creating a statewide drug task force, which is also multi-disciplinary in its approach. I worked on the legislation creating that. I've also been the nominee to the Governor for the—be the DA representative on that.

So we're very active in recognizing that treatment must be part of this. And when I say treatment, I'm not talking about throwing good money after bad. I'm a cynic. I'm not convinced yet that treatment plans work. But we're going to identify which ones have the highest rate of success, and we're going to focus on those. And we're going to try and find what can not only fix this addiction—but be ready for the next drug that's going to come down the road, because we know there will be a next drug.

And the third prong of that is prevention. We don't have the budget for that, but we've put together—this year will be the first time. It's very embryonic. But we we're going to drive through all the counties, basically during the county fair season and put up a booth and try to get the word out more about methamphetamine.

But we're going to have to figure out a way to start targeting a very young age about the difficulties on this. The statistics I've seen about the number of high school students who've already used it is frightening. I think we're almost too late to be addressing that crowd. And it may be too late at the junior high school or middle school. We're going to have to start getting effective programs into the grade-school level.

Just to address the anhydrous question just for a second, because that came up. In the timeframe 3 to 5 years ago, anhydrous ammonia was my most commonly prosecuted meth-lab crime. That's what I usually found was the person was filling the propane tanks from the—from out in the field.

I have not seen any education change in anything. If you walk about through rural Colorado, you'll still see the anhydrous tanks sitting out in the field pretty much unprotected. What's happened is simply we've seen a change away from the mom-and-pop labs—in one case, a very large lab; they stole the entire tank and buried it—to the Mexican meth. So anhydrous—I don't think I've had an anhydrous death report in the last 2 years.

Mr. SOUDER. Finishing witness today is Ms. Donita Davenport. Thank you for coming, and we look forward to your testimony.

STATEMENT OF DONITA DAVENPORT

Ms. DAVENPORT. Thank you for allowing me to be here today. It's a real honor. My name is Donita Davenport. I have a bachelor's degree in social work. I used to be a residential supervisor at a treatment center for children, and all the children I worked with came from homes where they had been abused because their parents were drug addicts.

I am a mother of two wonderful children myself. I have a girl and a boy. I love the Lord Jesus with all my heart. And I am married to a man who was a meth addict for 4 years.

Justin had a problem with alcohol and drugs from the time he was 18 years old. It started with marijuana; it went to cocaine; it

went to meth, which is typical from the stories that I hear. His addiction to methamphetamine started in October 2002, when he tried meth for the first time. And he was instantly addicted. For him, once was all it took.

From that moment until this, my life has been a whirlwind. It has been physically and emotionally draining. On the physical side, Justin spent a lot of money on meth. And as a result, we lost two houses, and we were evicted out of two apartments. We also had our heat shut off one winter and did not have money to buy food or diapers.

Emotionally, he would get angry at me and our daughter for everything. I hated being around him. I also never left our daughter alone with him for long. I am blessed that he was never physically abusive, like many meth addicts are. But he was a meth addict, and he was not capable of being alone with our daughter.

He also lied about everything to the point where I thought I was the one that had a problem. I thought I was going crazy.

I knew where to go to get help for the physical needs. I applied at social services for everything I could. But because I had a job and because my husband was seen as able to make a good living for our family, we were denied for everything except the food bank and $200 a month in food stamps. And that lasted for 2 months before social services lost our paperwork, and they cut our benefits off.

Also on the physical side, Justin had a problem, but he wouldn't admit that he had a problem, so treatment was not an option. Treatment places won't take somebody that doesn't think they have a problem.

Also, our waiting list in Weld County is 6 to 8 weeks long, so by the time you convince the person they have a problem and they go down there and they get on the waiting list, then they sit around for 6 weeks and go get high again. And then it's too late.

So our physical needs suffered greatly, and I didn't know who to turn to for my emotional needs. I could not afford counseling, and I didn't want anyone else to know what was going on. I thought, what would people think? We were leaders in our church at the time, and I just couldn't admit to those people that we had a problem.

I also did not want to be labeled the wife of a meth addict or judged as white trash, because these days, you know, drug addicts are white trash people. And they're really not. They're everybody.

So not knowing anyone I could turn to who would understand, I turned to the only one who understands everything, Jesus Christ. And he is my savior. He showed me that I had to get out of this situation and let Justin fall.

So in November 2004, I left, and Justin fell. He was arrested at 4 a.m., December 30, 2004. He was charged with drug possession and sentenced to 5 years with the Department of Corrections.

And I just want to say that by the time he was charged with his drug possession, that was his fourth felony that he had been charged with, and it was 9 years after his first felony. So he had 9 years where he was in the courts and he was in the system, and nobody ever saw that he had a drug problem.

During that time when he was arrested and went to prison, I moved in with my in-laws. I was able to support the family and get back on my feet. I was still unable to receive help from social services, other than Medicaid from the kids and $200 a month in food stamps.

And when I went in and applied for those things, it took them 6 months to approve us. And then after 2 months, they lost my paperwork again, found my paperwork later, and reinstated all of it. But for those 6 months, if I didn't have family, we would have been living on the street eating out of trash cans. You know, there was nothing else for us.

And that lasted up until a couple months ago when Justin was released from prison, and he got a job. And now because of his job, we're not able to get any help any longer.

I have been through a lot in the last 4 years that many people would never want to go through. It has been hard. But in the end, God always turns what was meant for bad around, and he creates something good. The good that has come out of this is that I have learned to be bold, honest, humble, and tell people the truth about what it's like to be married to a meth addict.

I have also started a support group for loved ones of meth addicts created out of a need that I personally experienced. We started that support group in October with five people. We currently have 35 people. And we're starting our second branch in August and our third branch in September in Greeley.

So now when someone finds themself in a position like the one I was in with no one to turn to, they can turn to this support group of others who know exactly what they are going through.

Also, I have learned a lot about meth that I never knew before. I have spent much time researching and investigating what types of services are available and are profitable for meth addicts. So when people call me for help, I know where to send them.

I have also spent time researching what our government can do to help decrease the methamphetamine epidemic in our country. And the first thing that I have seen is education is key. We have to get to these kids and tell them what meth truly is.

A lot of the lies that are going around is that meth will make you skinny; it'll make you stronger; it'll give you energy. And the kids fall for it, and they take it, and then they're hooked. So education is key.

A second thing is making the chemicals used in manufacturing meth harder to obtain. And that has already been done.

The third thing is reclassification of crimes associated with manufacture, sale and possession of meth so that people charged with these crimes would have to serve a prison sentence longer than 6 months the first time around.

Because they get sentenced for something. They go into prison for a couple months, maybe. Usually, the first time they get probation. And my husband was on probation, and he used drugs the whole time. And so I think they need to go to prison and have that time where they are forced to sober up.

No. 4, I think more drug courts nationwide, drug courts in which not only the addict but the whole family is involved, because the addict's use affects the whole family.

No. 5, better processes to ensure that the person is not abusing drugs and alcohol while in prison, treatment centers or correction homes, or on probation.

And No. 6, treatment programs that work, not just random program treatment programs. But across the Nation, they are finding that the treatment programs with the highest success rate are the matrix program, and those—run by Narconon centers.

In conclusion, I would like to say that where the government falls short, faith-based groups always step in. These groups can reach people one on one and introduce them to Jesus Christ. For those of us who love Jesus, this is our duty.

And as President Abraham Lincoln said, even though much provoked, let us do nothing through passion and ill temper. Let us have faith, and in that faith, let us to the end dare to do our duty as we understand it.

Thank you very much. And I have pictures of my husband too, if you want to see them. This was Justin 5 days before he was arrested, and he has been up 7 days on meth. And this is him just a month ago with our children.

Thank you.

[The prepared statement of Ms. Davenport follows:]

"The Methamphetamine Epidemic in Colorado"
My Perspective
By Donita Davenport

My name is Donita Davenport. I am married to Justin Davenport, a former Meth. Addict. First, I would like to share with you my husband's criminal history to establish why we lack faith in the Justice system. Followed by my views on what our Government must do, not only to prevent the Methamphetamine epidemic in our country from spiraling even more out of control, but to rehabilitate those who are already addicted to Methamphetamine.

My husband's history with committing drug-induced crimes started in 1994.

- At 17 years old he stole a car while high on cocaine.
- He was charged with "Grand Theft Auto", placed on probation.
- While still was on probation, he stole another car while high on cocaine.
- He was sentenced to 4 years with community corrections and sent to a halfway house.
- He got caught drinking at the halfway house and was immediately sent to jail for 90 days.
- Upon completion of the 90 days, he returned to the halfway house to complete his sentence.
- He was released to non-residential status after 3 years.
- During a surprise home visit he was caught in violation of the rules, and immediately went back into residence at the halfway house for 2 months.
- Justin was released back to non-residential status in 1998.
- Justin **checked himself** in to a 45-day in-patient treatment center for alcoholism.
- He completed treatment, got his own apartment, a good job, and was getting his life in order.
- Justin stayed sober until 2000 (about 1 1/2 years) when he turned back to cocaine.
- Again, he stole a vehicle while high on cocaine and was caught.
- In January of 2002, Justin was sentenced to 3 years with the Department of Corrections.
- He went to prison for 6 months before being released to probation.
- Justin was sober for 4 months when he went to a "friend's" house where Meth. was offered to him and he "tried it", ONCE.
- On December 30, 2004, Justin was caught with Meth. in his car.
- Justin was sentenced to 5 years with the Department of Corrections.
- He served one year with DOC before being transferred to the Colorado State re-entry program and Drug Treatment Center, where he stayed for 7 days.
- In May of 2006 he was released into a community corrections where he is today.

I would like to point out facts of things that happened OR didn't happen during this time.

During the first 4 years of being in and out of the halfway house, he was never required to take any substance or alcohol abuse classes. Also, while living at the halfway house, all residents are required to submit to breathalyzers daily and random urinalysis tests. There were many days in which Justin would drink a 6 pack of beer before returning to the halfway house and all of his breathalyses and urinalysis tests came back "clean". I am certain these tests are not a deterrent for alcoholics and drug addicts. Also, people know how to ensure their test comes out "clean".

He was given several "chances". I have heard many officials of our justice system (Sheriff's, judges, and district attorneys) say that they like to "give people a chance" to turn it around on their own. Studies show that Meth. addicts do not have the mental or the physical ability to "turn around" anything on their own. They must be put into a program specifically aimed at helping

them **sober up first**, before they focus on re-integrating into society as a positive, productive member.

Justin was continually released back into the same situation he came from, without any help or training on how to survive in this new "old" environment. Justin enviably would go back to "hanging around" with old friends from high school who used drugs. They would offered him some, Justin would get high, and revert back to his old ways.

I, also, had a drinking problem when we met. And after Justin completed his previous 4-year sentence, we both admitted we had drinking problems. We drank every night until we were sick and spent large sums of money on alcohol. Because of my Education in Social Work and my training for years as a Counselor and Supervisor working with victims of alcoholics and drug addicts, I knew I had to stop and get help or I would wind up a very sick person (physically, mentally, emotionally, etc.). Justin was not interested in getting help at that time. Seeking to get "healthy", I moved away and got my life in order. After I left, Justin cleaned up with the help of a treatment center. After he was sober, I moved back in and we started over, together. As is the pattern, Justin went back to an old friend's house and this time, he "tried" Meth.

Once was all it took for Justin to be addicted to Methamphetamine and for it to take control of him and his life. The next two years are a blur of lies, crimes, and drugs for Justin. We lost 2 houses, were evicted out of 2 apartments, Justin lost his job, and I had quit work as a Supervisor at a Residential Treatment Center, to take care of our daughter. We had no money for diapers or food and we became a burden on society. We were able to go to the Food Bank and we received food stamps. But because of Justin's potential to earn money (although he couldn't get a job because he was constantly high) we were denied any other benefits. I went back to work part time to have enough money to cover our basic needs. I had to hire a baby sitter for our daughter because my husband was unable to take care of her while I worked, so I could only afford to work part time. This went on and got worse until my daughter and I moved out on November 25, 2004.

During these 2 years of almost constant Meth. use, Justin was on probation. He was supposed to have surprise home visits, but they never happened. He also was required to submit to random urinalysis tests and breathalyzers, but those tests were never administered. He started skipping his monthly probation meetings and for 6 months, nothing was done about it.

Then, in December he was caught with Meth. in his car. Finally, 10 years after his first drug-induced crime, he got a drug charge on his record! For **10 years** Justin was in the system and nothing was ever done to help him change his life. But all of that is over now.

There are two things different this time that have worked for Justin's benefit:

- First, before going to prison, Justin spent time in a treatment center that focused on flushing his body of all Methamphetamine. Justin decided to go into the treatment center, not the Judicial system! Our family did all the paperwork and pushed for him to be released into the treatment center. **When he left treatment, he did not have ANY trace of Meth. in his system.**
- Second, while in prison, Justin dedicated his life to Jesus Christ, and God delivered Justin from drug and alcohol addiction. The Meth was out of his physical body and God took control of his thoughts and habits and the addiction was broken and he was set free! Jesus Christ has a 100% success rate!

Obviously the judicial system is not perfect and every person is different and the help they need is different. There is no "blanket solution" to this problem from a legal standpoint. But because we are here working together to reduce Meth. use in Colorado, these are some things that will help:

1. **EDUCATION, Education, education** - Many teenagers today get sucked in to the lies about Meth. That "you can try it one time, it won't hurt you". Sellers glamorize Meth. by focusing on the fact that it will give you more energy and super-human strength. "It's great if you play sports"; "it will help you loose weight", etc... All the things that teens believe will make them "better", and more accepted by their peer groups. Starting in the Junior High Schools, there must be honest, straightforward information regarding the truths about Meth. Specifically what it REALLY does to your body, mind, family, friends, and community. Also, OSHA should be utilized to require drug testing and to educate the working adult about the hazards of Methamphetamine use.
2. **Making the chemicals used in manufacturing Meth. harder to obtain.** - This is already being done in Colorado by placing medicines containing ephedrine and pseudo-ephedrine behind the counter so they can not be stolen off the shelves. And the sale of these medicines can be tracked. This needs to continue.
3. **Re-classification of crimes** associated with manufacture, sale, and possession of Methamphetamine so people charged with these crimes would serve a prison sentence longer than 6 months, the first time around. - The people who are making and selling this drug are deep into the "Meth. World". Production, selling, and doing Meth, is their whole world. They no longer know reality the way sober people do. They no longer care about anything except the next high. They have no regard for their personal health and safety much less the health and safety of their families, neighbors, law-enforcement agents, etc. So, it is going to take much more than probation or a short (6 months or less) prison sentence to help them sober up, for one, and then get them thinking clearly again, for another. Meth. attaches itself to a person's fat cells and can remain in the body for years (variable depending on the amount of fat cells, amount of Meth. the person has put in their body, and over how long a period of time). The first focus must be to get Meth. out of the person's system before they are even allowed to attempt to living in society on their own.
4. More Drug courts nation wide. - **Courts in which not only the addict, but the whole family is involved. Because the affects of addiction spans the whole family.** As a result of their use, spouses, children, and even parents of the addicts have no money, no assets and become a burden on state funding. Also, in drug courts the addict can, and should be, sentenced to complete an adequate in-patient treatment program, with long term follow-up drug testing, and re-integration into society. Meth. users are not just "out of society" while they are behind bars; they have been out the whole time they were using Meth! And you cannot expect a person to get clean and sober and then suddenly know what they are supposed to do with themselves all day long! They must be trained in: getting and maintaining a job, balancing a checkbook, communicating with their spouse, eating 3 meals a day, personal hygiene, interacting with their children, etc. "Adequate" treatment meaning the program they go to must either be a Narcanon program (they have the highest success rate in the U.S. for recovered Meth. addicts), or the "Matrix program" (the only program designed specifically for treating Meth. addicts. It is having a very high success rate).
5. **Better processes to ensure the person is *not* abusing drugs and alcohol** while in prison, treatment centers, halfway houses, and probation. Breathalyzers daily and random urinalysis tests are not working. I believe the new eye-scans which currently are in use in some places, are much more accurate in determining whether or not a person is under the influence of

drugs or alcohol.

In regards to human resources and the question, "who do we use to get these things done?", I would like to state, that it is not your job as State Officials, to go out in the community and feed the poor and help the victims of Meth. It is the church's job! The church has the people and the time, but lack the money. Your job is to put the money in the hands of those who have the heart and the time to do something about it! It is my job! I quit work to dedicate my life to helping the victims of Meth. Myself and my children first, and then others. I am not the only one who desires to do something about the Methamphetamine Epidemic in our city, state, and nation. There are lots of people who want to help and who are qualified to help. However, very few people are willing to do it without having financial backing from our State Government and our National Government.

Currently, I run a support group called, "My Loved-One Was a Meth. Addict". The group has grown so large since it's creation in October 2005, that a second group will start in August 2006 to accommodate the need. My next desire is to go into the schools of Weld County and conduct a Meth. awareness presentation. Junior High and High School teachers call me and ask if I would come and share my story with their students. This I will do as soon as school starts again in August.

In conclusion, the answer is NOT more jails or prisons. Treatment centers specifically created to deal with Methamphetamine addiction would drastically change the face of our nation as we know it. But, most of all, America needs Jesus Christ! Faith-based groups supported by our government to reach people one-on-one and help them turn their lives around is what is going to make the biggest difference!

The only solution that works every time is Jesus Christ! When a person is willing to accept Jesus Christ as their savior, Jesus then, takes away the addictions and sets them free. As the Bible says, "Whom the Son sets free is free indeed!" John 8:36.

Thank you for your time and for hearing my testimony. This is a problem that can be beat! Working together, all of us can help those who really need it!

Founder of M.L.W.M.A.
Donita Davenport, BSW

Mr. SOUDER. Thank you. I think you once again proved God's more reliable than the Federal Government. We'll try to improve. We'll never be the same.

There are lots of different angles here. Multiple times drug courts were raised. I believe we actually increased the funding slightly on drug courts, but I'm not sure, because the whole budget went down. I know the President's budget initially had that portion go up.

But one of my frustrations—and I think it's very important to put this on the record—that—and I heard some frustration from some of you at State and local levels too—is that this isn't—I've argued on the Byrne grants—for the—more money. For all the type of stuff on drugs—I've argued narcotics all my life.

This isn't just a Federal problem—and that the State and locals—if you take all the State debt combined in the United States and all the local debt combined, city, county, township and everything together, you don't even equal a fraction of our debt at the Federal level.

We don't have any money. We just print it. And all that does is it inflate—interest. Now, we're jockeying internally how we do the money. But this has—there has to be an understanding, if we're going to have this problem, that everybody's going to join in, and we're not just going to bail it out.

Now, some places have more resources. And rural areas, when they get overflooded with this problem—we've got a disconnect right now with where those resources are to do, for example, the matrix treatment and drug treatment.

Because often, as I heard last week and I certainly see in my district, the more rural the area, the more likely you are to have entry people. If you have a treatment program. You have entry-level treatment there.

In the urban areas, they've heard of the matrix—in fact, may have implemented it. In a suburban or outlier city of 30,000 40,000, they may have been at a conference once where they heard it referred to read the literature.

In the rural area, they probably haven't even heard of it in most cases, because they don't get—they can't afford to get, in many cases, a lecturer to even go to the conference.

I do know there are differences in problems, but this has to be State and local. And one of these is drug courts—that you can form a drug court. It doesn't take the Federal Government to form a drug court.

One of the judges in my district who's from a smaller county said, You know, I think I'm going to turn my court into a drug court. We keep hearing—acting like it's the Federal Government that has to create the drug court.

What it takes is a very committed judge working with local law enforcement and—because it takes incredible time and commitment, because the judge has to followup on a personal level and actually hear the cases.

And where we have probation officers just overwhelmed with 600, 800 cases, they may never see—once, let alone be able to know whether they're on—abusing drugs. And probation officers are—we don't have enough probation officers in a rural county to—any of

the sheriff—how many people on probation does a probation officer have in your area?

Mr. Watson, you have the most——

Mr. WATSON. I actually heard the number, but I hate to repeat it, because I'm not——

Mr. SOUDER. OK.

Mr. WATSON [continuing]. Confident about it.

Mr. SOUDER. I know in rural Indiana, it gets to size 900.

Mr. WATSON. Well, what—one of the complicated factors we have, of course, is distance. And it's—you know, I can drive from one officer in my district to—probation officer to another for 2½ hours on a highway and no traffic. So the area that they have to cover is huge. It complicates supervision.

Mr. SOUDER. Do—let me ask—well, let me take the sheriff and lieutenant here. Do you know—do—in many any of the—do you have drug-testing processes for people on probation?

Mr. COOKE. Yes. They are tested for drugs, and they have—it's random. They come in and give samples. So yes, they do have drug testing.

Mr. DODD. Same here.

Mr. SOUDER. Do you know why your husband wouldn't have been picked up in the drug testing?

Ms. DAVENPORT. He only did two drug testings the entire time, and both times it wasn't his.

Mr. SOUDER. It was what?

Ms. DAVENPORT. It wasn't him that peed in the cup. It was somebody else.

Mr. SOUDER. OK. That's another hearing. That—we've dealt with that. It is a huge problem. It's why we need to move toward follicle tests. It's a little tougher to get other people's hair, not impossible.

Ms. DAVENPORT. Well, and also, they started eye-scan tests, which read your eyes. And it can tell if you're high that way, which I think is much more reliable than——

Mr. SOUDER. Have any of you tried eye scan? How much more expensive is visual equipment? Nobody has that here?

Ms. ROWLAND. We just recently implemented it in our criminal justice division. I'm not sure about the cost. I know it's been very effective.

Mr. SOUDER. Have any of you had a drug—judge set up a drug court that hasn't had Federal funding?

Ms. ROWLAND. We have tried to get our judges to do a drug court for several years now, and they have been just not very anxious to do so. Part of it is because we're understaffed already, and it takes more judges to do that. And then you add a judge, and you add a DA and those types of things.

So the Fast Track Program is our response to the inability to have our judges——

Mr. SOUDER. Here's a challenge that I want to put out that's always put out to legislators, but the law enforcement side has to really look at this question, because it illustrates the challenge. If drug courts reduce the crime, then you wouldn't need more judges. If treatment centers reduced the crime, then you wouldn't need more prisons—if prevention programs do that.

The fact is that there isn't really hard data—that drug courts appear to be the most promising, probably because they have—because we have measurements. They're already in prison. We track them. It's an alternative.

And even then, what you tend to do is reduce the amount of recidivism. You don't necessarily—once you're an addict, you're struggling with it. But you get maybe 25 percent cured. They're not 100 percent. And then you lower the recidivism of the other.

But somewhere here there should be a cost benefit in that—it's real interesting, because I love to ask law enforcement people—say, put more money in treatment prevention. Would you suggest reducing your budget to do that? Because that's our choice.

And that the—what I was so impressed with—what you're doing in southwest Colorado is you actually were faced with the choice. And I would very much like to see how that works. Because if you're forced to make choices, you measure closely, and the community's going to hold you accountable if more people are on the street because you didn't build another prison.

But if in fact it works, it's—people aren't going to just say, oh, there's money growing out on trees somewhere. We'll put in a treatment program. We'll put this in. When you're forced to make these tradeoffs, it's—you really got to make them work.

And you want a treatment program that in fact isn't just another pasture. You want a treatment program that cures somebody. Because if you as elected officials made a decision you're going to do a treatment program rather than a prison—somebody comes out of the treatment program and does something as—by the way, they do out of prisons too. So we don't want to have—it's got to be a realistic measurement.

But that's the hard tradeoff we're trying to work through here. And it's very hard to get measurements of prevention.

If I can mention one other thing, and that is that we have seen a rise in meth among young people. Let me ask, Ms. Davenport, do you think that an education program would have changed your husband's habits?

Ms. DAVENPORT. I think he would have known what he was doing when he took meth for the first time. He didn't know exactly what meth was. He thought it was like cocaine, and he could just stop. I mean, he didn't know that one time is all it takes for a lot of people to be addicted.

I think if the kids are aware of really what meth is and what you look like, what it does to the insides of your body, I think they'll have that when they're approached with it. And they'll have something in the back of their head where they can go, no, I don't want to be part of that.

But right now, if someone comes up to them and says, Take this; it'll make you run faster—oh, OK.

Mr. SOUDER. But part of our problem is it does, and part of the problem is you can skip sleep, and you can get weight loss, and——

Ms. DAVENPORT. It's just educating them. But yes, you can get skinny. And you will get so skinny that you'll see your bones. And that—your kidneys won't work right. And that—your brain starts to turn to mush. It's educating them on the other half of that.

Mr. SOUDER. Because part of our problem is that when we've analyzed the prevention programs, the prevention programs tend to reach the people who aren't highest risk. Because, for example, my daughter paid a lot more attention to it than my sons, who thought a lot of these prevention programs were kind of hokey. And how we deal with that is just a huge challenge.

The Montana Meth Project's a very interesting thing when it's screaming at you from everywhere with a shock effect. But we're still trying to go through the data on whether it's actually having an impact.

Our National Marijuana Project seems to have altered kids' attitudes but had—it's, quite frankly, easier to alter somebody's attitudes on drugs in 3rd grade than it is in 7th than it is in 12th than it is an adult. That—it's not clear it holds. There's no evidence really. There is no evidence that if you convince a third grader or a sixth grader that it holds, because you don't feel tempted then as much.

It's real easy to convince third graders—less easy than it used to be—that premarital sex is wrong. The problem is, when they get tempted, do they think it's wrong. And that's our huge challenge in drug prevention.

I yield to Ms. Musgrave. Then I have some more questions too.

Mrs. MUSGRAVE. Well, I'd just like to address the criminal activity that goes along with meth use.

And I tell you, Mr. Buck, I am quite disparaged by the remarks on the selective service. Six years ago, I sat in a Senate committee in the Colorado State House, and I had one of their postcards. And I said, you can't mean that you really want someone just to drop this in the mail after they've put their date of birth, their Social Security—all this information. And identity theft was nothing then as to what it is now.

And I can tell you that my staff and I are going to be all over that, because they assured me that it would be in an envelope, that nobody could just look at this postcard. And it appears that's not the case, that it's now just a postcard where all this very personal information is just right there for anybody to view.

So I am very discouraged by that. And I guess it's them that are disparaged, because they didn't tell me the truth. And we're going to look into—you've really challenged me to look into all these forms.

You know, I was the victim of a car break-in in Weld County. And, you know, really—and you start talking to the law enforcement, who of course can't do anything except, you know, do their report, because it's a done deal, and whomever did it's long gone. And you got to clean up all the shards of glass, because somebody took a bag out of your car.

And—but I think of all the crime that revolves around meth. And I'm sure I don't know the half of it. You're the folks that deal with it every day. But we have to find a way to, you know, first of all, deal with the rudimentary things like forms that give out personal information that people use all the time.

But we also have to not only educate people on what meth does to you but educate people on what to look for, because, you know, we're so far removed from that aspect of life. I think there are par-

ents that have no idea what their kids are doing, I mean, until the devastation hits.

And I hate to say that, Madam Commissioner, I am quite impressed with your county's approach to just the very pragmatic aspect of, we can't just, you know, deal with the crime. We've got to deal with the treatment.

And methamphetamine, as Ms. Davenport so poignantly stated—you know, her husband tried it one time, and then the hellish road began. And we have to try to treat meth addicts. And it's amazing to me the uniqueness of this drug in regard to how easily it was first manufactured, how easy it is to get it. And then what do we do with these people who are so quickly right back into addiction?

I heard a number of people talk about the border issue and, you know, what we have to do. And I think that's something that we can really grab ahold of right here as Members of Congress. We have to have border enforcement with, you know, drugs coming into our country. And I daresay—northern border is very important too, although we focus mostly on our southern border.

I just wondered, Sheriff Cooke, if you could—and maybe the lieutenant also could address the change in the last 5 years in regard to what you've seen with methamphetamine use.

Mr. COOKE. Certainly. Five years ago, 70 percent of the cases worked by Weld County Drug Task Force were cocaine, and then 20 percent was meth, and then the 10 percent was everything else. Now that—those numbers have—are reversed, 70 percent meth cases, about 20 percent coke, and then 10 percent everything else.

So the usage has just increased. And our crime rate has increased. Our burglaries, our thefts are up about anywhere from 10 to 13 percent. Our auto thefts are up about that. Our aggravated assaults are up 40 percent. And I think directly—when you consider 50 percent of those crimes are associated with meth, and then 90 percent of the fraud and identity-theft crimes are associated with meth, the change has been phenomenal.

Mr. SOUDER. Let me ask a question about—and then if the lieutenant can pick up on this too. You said it went cocaine to meth. And you ask—did you get dealers in that too, or mostly users you're talking about here?

Mr. COOKE. Well, these are from our task force, and so our task force goes after not usually the user. They go after the supplier and the dealer.

Mr. SOUDER. So as you turn that case higher, are they the same people that sold the cocaine?

Mr. COOKE. Yes. I'm sorry——

Mr. SOUDER. Were they the same people that sold the cocaine?

Mr. COOKE. Some of them. We find that some of them are changing from coke to meth. And since our labs have dropped—a lot of it was the mom-and-pop labs, but since they have decreased, some of them are becoming diversified.

Mr. SOUDER. Some of whom's becoming diversified?

Mr. COOKE. The dealers are becoming diversified and going away from the coke to the meth.

Mr. SOUDER. Because they saw a market. Do you—Ken, do you want to answer—well, let me ask—because here's what we've seen nationally, that the mom—there—it was assumed—and this is

what we're watching very closely for. Is crystal meth going to hit the same users that were the mom and pop?

Because the mom-and-pop labs were predominantly rural, some suburban. And the non-homemade stuff was urban. And the question is that—and the mom-and-pop lab users tend to be more isolated, often disoriented, and particularly as they use it quicker, don't necessarily go in—they didn't buy their product. They got it at a—in a pharmacy.

So they weren't—they didn't even necessary know—let me be real blunt. In my home area, young rural white kids didn't even necessarily know what block to go into to find cocaine or heroin. And we were almost looking at different—in my district, where you see high percentages of Hispanics, you see more crystal meth. Where you see a higher percentage of Anglo population, you'll see mom-and-pop. And in the urban areas, where it's a higher percent African-American, you see crack still.

That same pattern is true in most of the United States, with some exceptions, as it's moved into St. Paul, as it's moved into Portland, Omaha. And I was trying to figure out here in Colorado if, when you talk about this—if it's the same—if, in fact, the mom-and-pop people are converting over. They weren't buying the cocaine. And the dealers are now locating how to sell to a new market that has predominantly been a little more isolated.

Mr. DODD. It's very similar in Weld County. I think 3 years ago, 70 percent of what we gave the Drug Task Force was cocaine. It seems at that point in time, cocaine led law enforcement to shift and went to methamphetamine. And we're seeing that back and forth. It's the same Mexican drug trafficking organizations that are supplying the cocaine and the methamphetamine.

It's the same families that we're seeing day in and day out on a local level. But 3 years ago, it was more cocaine. Today we're getting meth. And we're seeing more and more of these same organizations not only dealing meth and cocaine, they're dealing American marijuana—whatever they can bring into the country and be successful at selling.

But depending on where our emphasis is, they may shift the drug of choice and push that drug of choice.

Mrs. MUSGRAVE. Mr. Watson, rural areas are very conservative. Families have dinner together in the evenings, and we really don't have a drug problem in rural areas. Right?

I get so frustrated when I hear people say that. And could you please address that?

Mr. WATSON. About 2 weeks ago, we had a woman get killed in a traffic accident. She was very well known in Logan County, very well known in law enforcement. In fact, she had the company—the cleaning company and cleaned up my office, cleaned up the court, the sheriff, the police.

She was taking her son to school, pulled out in front of another car and was struck and killed. It looked like a standard accident. We were shocked. We get the toxicology report back and find out she was high on meth.

I am constantly stunned. Maybe I shouldn't be at this point, but—how insidious it has become in the communities, that the people—you know, you always have a mental image, I guess, of who

a drug addict is. And you become really surprised at the people who are using it.

And we're seeing it now being multi generational. It's not just the at-risk, you know, teens, you know, experimenting. We're seeing parents and kids and grandparents using it. It's very widespread.

Mrs. MUSGRAVE. I just wondered, Ms. Davenport, if you could perhaps—you know, you talked about—we need education. And the chairman talked about the various ages where something—you know, the kid's pretty agreeable to it because they haven't faced the peer pressure and all the aspects that really make them want to do things that are—that we consider very destructive that—they haven't figured out how destructive they are.

When you talk about your experience, it's very touching to hear what your family's gone through. It's really remarkable that you still call this man your husband and you're still together after what you've been through.

Do you have any insight—the chairman alluded to this somewhat—as to how we can really reach these kids? Do you have any additional ideas as to how the government, how the school system, how the local communities can really make an impact?

I assume that your husband had a good life going for him, and yet he fell into this. And then I think of children from homes that are—you know, have a great deal of problems anyway. And sometimes this seems kind of insurmountable. And I'm sure law enforcement feels that way too.

What would you have to offer in that area after your horrific experience that you've gone through?

Ms. DAVENPORT. Well, I've had several of the schools in Greeley contact me, and they want me to come in and share my story, and my mother-in-law too—just come in and talk on a personal level.

If this is what happened to us—and we are not your white trailer-park-trash people. We were leaders in the church. My husband grew up here. You know, he owned his own business. He was successful. And this can happen to anyone.

So I think going into the schools, all ages—and not just a textbook program, but having people who have done the drug, people who have sold the drug, people who have been in that world and are leading a good life now going in and talking to the kids, so the kids can ask honest questions about what happened and what made you do it and what's the good part about it; what's the bad part about it.

And in the high schools, I'm not—you know, people tell me it has to be shock therapy, because they're exposed to so much every day that if you don't shock them, they're not going to listen to you.

But I have a teacher from a junior high who says, my kids are asking me questions about meth, because they're seeing it at home; they're seeing it other places. And I don't know what to tell them. Can you just come in and answer their questions?

So I think it's kind of talking to the teachers and finding out what it is that they think is going to work with the students that they see every day.

And also, of course, to keep high-risk kids from doing it, they need an alternative. They need other people to hang out with. They

need other places to go besides the areas that—where people just go and sit around and get high. They need some kind of other activities that are going to keep them busy and keep them interested.

Mrs. MUSGRAVE. I think the chairman alluded to the fact that some of the claims that are made about meth—you know, the immediate result is, you know, something that is very enticing to a lot of kids. So I think we're going to have to really focus on short term and long term and try to get that connection, which is not easy to do, to—you know, with a teenager who thinks, you know, those things will never happen to me and I'm invincible.

Mr. SOUDER. If you have additional questions, I'll come—I have——

Mrs. MUSGRAVE. OK.

Mr. SOUDER [continuing]. A few additional too.

To Ms. Rowland, one of the problems in the—we've heard about weight loss, which seems to be an orientation toward women. Often it's truck drivers in my area and factories—people trying to get extra hours and faster piece rate. In your comprehensive approach, did you work with the business community and say, will you drug test in your firms?

I had—I've had two counties where they started into it, and they were so shocked. And they're so—they have such a labor shortage that they stopped, because they got depressed. And they'd just as soon know if—not know about it.

When you do a comprehensive approach, it seems that unless we engage the business community in this, we're going to have—we're not going to get it solved. Did you approach that, or what was their response to this?

Ms. ROWLAND. We have to some extent. The energy industry is very big in our county, and they randomly test drug—drug test all of their employees. So there has become this perception that there is a lot of meth use in the energy industry. And I think it's just because they're being caught more, because that's really where they're focusing on the drug testing.

So we haven't taken an approach with the business industry asking the business community—asking them to do that. But we did learn in our research—we wanted to find out the types of people that use and why they use and when they first used.

And we learned that 52 percent of them either first used with family member, a spouse or a friend. So those folks were more relationship-based in what they needed. The other 48 percent were using to get more done, to stay up longer, to lose weight, although it was a small percentage, surprisingly, that was to lose weight—or just a boost in excitement and that risk-taking.

So we're gearing our prevention efforts twofold. For those that are using because they want to lose weight, something like the extreme meth makeover billboards that we have in Wyoming that shows the before and after pictures—that might make a 13-year-old girl who's going to take it to lose weight—that might stop her.

But if you're 11 years old; your dad's in prison; your mom's an alcoholic; your two older brothers are using meth and getting involved, probably a billboard or a commercial, ever how compelling it might be, might not stop you. You know, those folks can be helped if they have senior partners, Big Brothers, Big Sisters and

those types of programs for them. We're working a lot with our faith community as well. So we're trying to balance all of that.

You make a good point though about the drug-testing business.

Mr. SOUDER. And there are two types. And what I should have said is I meant drug testing after they're on the job. Most businesses are drug screening at the beginning. And did you talk to your—have you talked to your unemployment offices or welfare offices—if anybody else knows the answer to this question, let me know too.

My understanding—or business community with the chambers—that is—as many as 40 to 60 percent of the rejection for a job hire, depending on the area, is because of—they failed to pass a drug test, and that it has become one of the most common reasons for unemployment—is that you can't pass a drug test. Anybody have any——

Ms. ROWLAND. I know we have a problem with that. And I'm told by our work force center that we—what those statistics are. I don't know. I can certainly get those for you. It wouldn't surprise me.

Mr. SOUDER. In the—if we can—I want to bore in a little bit on a couple of Colorado statistics again on the—in trying to understand how the trafficking networks are working and—Mr. Watson, in your area, you mentioned—is it I76?

Mr. WATSON. I76.

Mr. SOUDER. And you seemed to imply that the Mexican trafficking groups were coming off of that. Is that the north part of your district?

Mr. WATSON. The I76 is. It cuts up to I80, which is the north/south——

Mr. SOUDER. And then have Mexican trafficking organizations historically worked in your area?

Mr. WATSON. No.

Mr. SOUDER. How would they set up?

Mr. WATSON. I don't have the intel on that. I can ask the guys your question. Perhaps my drug task force people could—it's just been a phenomenon we've noticed in the last couple years. We're seeing many more—usually hidden panels in vehicles and things like that, and the interdiction with the State patrol's been very high.

And then where we actually deal with the people who are distributing it in our community, it tends to be Mexican nationals that are involved to a very high degree.

So how it became that they established those inroads into the community, I can't answer. It's not like we had an extensive crack distribution network or something in northeast Colorado. That just was never there.

Mr. SOUDER. So it didn't—how do you think it converted over? Do you believe that 80 percent of your area's now also Mexican meth as opposed to mom-and-pop labs?

Mr. WATSON. I do.

Mr. SOUDER. How do you think it converted over? Have you had anybody who used to be a mom-and-pop lab user who's—who you've prosecuted who said, I got it from a Mexican distribution person?

Mr. WATSON. No. I have never had anybody say that—in—that directly. What we saw is one followed the other. We have seen an increase in our Mexican national or immigrant population kind of work like the hog farms. It's an agricultural base.

So I think it was simply some people that were there interacting in bars, other setting. And it just—it's a word-of-mouth industry. And I think it started very casually in rural settings.

Mr. SOUDER. Mr. Abrahamson, have you had anybody who was a mom-and-pop lab user prosecuted for purchasing meth from a Mexican?

Mr. ABRAHAMSON. Not that I've been aware of. I, you know, hear that is occurring or it's now easier to get the drugs by purchasing from somebody who's trafficking as opposed to set up a lab and take the risk of something blowing up or burning. And plus, it's harder to get the ingredients to make the—you know, to run the small labs.

So I think as a matter of convenience, people are purchasing it as opposed to cooking it themselves.

Mr. SOUDER. Sheriff, have you picked up anybody who was a former mom-and-pop lab cooker who—with Mexican meth?

Mr. COOKE. You know, I don't know the answer to that, Mr. Chairman, but if I could go back to what you asked the DA from the judicial district out east. Weld County is a large—has a large immigrant population. Officially, it's about 24, 25 percent. Unofficially, it's probably 33 percent.

And so I think how they establish is through family ties. We have a large illegal immigration population, so they can get—establish there a lot easier, because the family live there and the relatives and close friends. So I think that's how they make inroads into certain areas, certainly into rural areas.

Mr. SOUDER. Lieutenant, have you had actual conversion over?

Mr. DODD. If you're talking about meth cooks, I can't think of any meth cook that we've arrested or prosecuted has gone to Mexican road trafficking organizations. Customers of meth cooks or meth mom-and-pop cooks—absolutely.

Mr. SOUDER. OK. Now, what—OK. That's—this is a good segue here. Because what I'm trying to figure out—because one of the dangers here that we have is that when we have almost instant information sharing at the Federal level—that an assumption is made it's distributed.

And the question is, is it being actually verified grassroots up—and that we can make major policy decisions at the Federal level that were based on a general assumption.

And I'm trying to figure out—you know, we've done enough of these things—and that one theory could be that the meth market is expanding, but it is not where the mom-and-pop labs were, and the jury is still out where the mom-and-pop labs are going to land. In other words, you could in your communities see a rise in non-mom-and-pop lab meth but it be a totally different expanding market.

But you're an interesting mix here, because most of the areas you're dealing with are not urban centers. So we've got a little more unified mix here from very rural to mid-size-town rural—that—now, the mom-and-pop cookers generally sold to only two to

three people, or did they have bigger distribution rings in your areas?

Mr. DODD. Most of ours that we've experienced are small labs, so you're looking at 1 to 2 ounces per cook, that type of thing. They could have anywhere from three to five customers, it would be my guess. In the cooking area——

Mr. SOUDER. In that—from what I understood the mom-and-pop cookers to be—is that generally speaking, they would go in a smaller and smaller circle of influence, partly because one of the brain impacts of this drug is you become paranoiac.

You also are worried about other people smelling it, identifying you as a dealer. The more publicity there is in a community, the more isolated you become. So it tends to be inside Mexican motorcycle gangs, as you've already—not Mexican; motorcycle gangs—or in certain kinds of networks.

So what would cause that network to spin off from a mom-and-pop user and cross over to a Mexican drug user—provider, but not the manufacturer?

Lieutenant, you said that you thought some of their market was changing, but the market usually is pretty tightly wound. Or is there a different phenomena in your area that I missed?

Mr. DODD. Well, maybe I'm not following the question correctly. I thought the question was, of the users that used to go to mom-and-pop lab cooks—are they transitioning——

Mr. SOUDER. And what I basically laid out was a premise that—I'm asking whether you're challenging that premise. Because, for example, one of the unusual things is this is a family crime. Mom-and-pop cooking is a family crime. Often the whole family knows about it. Some of them are jointly cooking, and sometimes the kid's involved in the cooking. And it's usually in a very tightly knit community.

Are you saying that the mom-and-pop cookers in your area actually went out in the street and sold it, or did they sell only to their family and close friends?

Mr. DODD. Family and close friends.

Mr. SOUDER. So that would mean that if now their family and close friends are buying Mexican meth, that it's penetrating into that circle.

Mr. DODD. Yes.

Mr. SOUDER. So you think it's just a matter of time until it hit the cook, in effect.

Mr. DODD. If the cook couldn't get the product to cook his own product, then yes——

Mr. SOUDER. Where—are the markets that identifiable? Do you think it's through the bars or just word of mouth that—hey, this—I mean, I tend to think that this is the most illogical explanation—is that people hear. The question is that these people aren't heavily socializing, usually.

If our theory is correct, which is—tends to be overstated about the line of destruction on meth—I'm hardly advocating for meth. I'm just saying part of the thing is we have to be realistic—is that some people go like this. Some people actually manage it longer period of time.

And if they see their neighbor on meth and they've been told that they're going to get meth mouth in 3 months, and they know somebody who's been doing this for 5 years, we've got a credibility problem that we develop, like we did on marijuana early on—that in—the meth question, though—it does tend to lead to faster deterioration, just like crack, because of its impact on your brain—that I would—does—you're saying they're functioning enough that they're going to figure out a whole new distribution system of going to Mexican distribution systems. In your opinion, that's starting to happen.

Mr. DODD. Yes.

Mr. SOUDER. Anybody else have any comments on that? Because this is—clearly, we're all bringing—every area of this Nation is bringing in more immigrants, often illegal. That's a place for drug dealers to hide—that the question is, how do they make the transition into the majority communities around them in their sales if they weren't already there, if these markets weren't in the crack cocaine/heroin marketplace. Yes.

Mr. ABRAHAMSON. I have recently come back from the national drug court conference in Seattle. It was a week or so ago. And this was a subject that was brought up with some people who were actually cooking and talking about their process and why they did what they did and who they distributed to.

We're finding that most of the people who—the mom-and-pop shops were cooking primarily for their own use, and then they would just give it away to some of their friends. And once in a while, they'd sell some just to put some money in their pocket.

But for the most part, most of the mom-and-pop operations were not large operations. And they would even get into sort of—the paranoia built into this a little bit, but a lot of it was just they became so involved in their cooking process—they were involved in how to make it better. And it got to be sort of a little competitive issue between local cooks.

But it wasn't the big distribution system that you would expect. And I think that's where we're getting—that was coming in from Mexico and outside. The local mom and pops were not—were basically just operating in very small circles, even to the point of just giving it away to some of their friends, as opposed to starting a distribution.

Mr. SOUDER. This is—the fundamental question that I'm really—I'm done pursuing it here. But if—to watch this is that part of the disconnect of why the Federal Government didn't respond to the meth crisis was—is that it tended to be in more rural areas. It tended to be in a different community than we're used to dealing with. And it tended to be not going through networks.

And therefore, the Federal Government basically didn't think it was happening. And that—to the degree it moves to these distribution networks, it—we then start to look at the border. We start to look at cross-area things.

The question is, is the market that we've developed, which may have been only 33 percent, going to cross into the Federal market, or will there be a separate type of a network develop that will once again—five years from now will be in front of Congress going, this is happening in rural America, and it's different than what's hap-

pening in Denver and what's happening in the bigger cities, and you didn't respond to it.

And watching what happens, starting with those former cooks—and where do they show up in law enforcement? Do they switch over now to hydroponic marijuana, which is a segue, because hydroponic—in the hydroponic marijuana that you said you've gotten—the home stuff—what THC content level are——

Mr. Sweetin. Is he still here?

Mr. SWEETIN. I am.

Mr. SOUDER. What have you found in Colorado?

Mr. SWEETIN. I'll have to get you the exact numbers. Higher than it was 10 years ago——

Mr. SOUDER. Twenty, 30, 40——

Mr. SWEETIN. I don't know that we've had in the 30's and 40's, but I would say it would be safe to say in the 20 range. I'll get you that number.

Mr. SOUDER. And—because it was real interesting in our treatment hearing last week—Dr. Volkow from NIDA—head of NIDA testified that basically, some of the crack and meth have a similar impact on your brain.

What isn't clear yet is what the high THC stuff does at 30 and 40 and whether it's more like the ecstacy/crack/meth impact or whether it's more like—whether it's a more sedating drug or whether it's a more hyperactive type drug.

Because if it becomes an alternative, then we've just found a hole here that we need to be watching, because the stuff can be bought from Vancouver fairly easily over the—to be able to cook it yourself. We're back into the cook-it-yourself business.

And that watching this two track—because there's no question that, in effect, the information on meth that's got out has expanded the Mexican reach.

Furthermore, if they can sell meth, they cut out the Colombians in that—so it's not clear that the gangs and the distribution networks aren't going to switch over to meth merely because, as a dealer, you just cut out one level.

You don't have to get the stuff down in Colombia and grow it and bring it out into ships and go up all the way through Guatemala and Mexico or however you get it to the United States. You can do it right across the border. And as you've all testified, it's not exactly secure. That—this is a huge challenge.

Do you have additional questions you want to——

Mrs. MUSGRAVE. I'd just like to make some positive remarks as we conclude here. And one thing I would like to say to Madam Commissioner though is I hope that Colorado counties will really take note. You know, I guess when people run for county commissioner, they probably don't always anticipate that they will be hit with things like a meth problem in their counties. But I think we need to do this at every level.

Law enforcement folks, I admire your tenacity and your willingness to stay after this and try to come up with some very needed solutions.

And in regard to some of the requests that you made when you said, you know what the Federal Government can do—in last year's

State justice and commerce appropriations, I secured funding for Weld County and Larimer County law enforcement initiatives.

And just recently, we passed our 2007 appropriations bill, and I did secure funding for Weld County's gang task force. Also, this will target gang members committing violent crimes. And that's very important, as we've heard from these—this testimony today. And the danger that these gang members pose is an incredible risk to the community.

I also worked hard for funding for Larimer County's law enforcement initiatives and also technology improvements and secured funding for that. And then, on a very positive note for rural Colorado, I did secure funding for Eastern Colorado Plains Drug Task Force.

Last year these amounts were $250,000. So there will be—as the Senate approves this, we'll get the exact numbers, but I think there will be at least that in each one of those. So hopefully that will help, especially with resources in areas where they are very limited and in areas where the problem seems to be very severe in parts of the 4th district.

So I just want to tell all of you how much I have appreciated your testimony. Your personal story, Ms. Davenport, was extremely touching, and I thank you for your willingness to let other people know about your very personal problems in an effort to try to help others that may be facing the same thing. So thank all of you.

And thank you, Mr. Chairman, for your willingness to come to Colorado. And I appreciate your passion on this issue. I think we're in for a long haul as we try to sort this out and find solutions.

Mr. SOUDER. Well, thank you. And it's lucky there weren't lots of other Members here to say how much you got for your district and specific things, or they'd all be jealous.

First, let me thank all of you for giving specific suggestions. It's not easy to do that, and we appreciate that. And it blends together with what we pick up in other parts. And you always learn different variations.

I think the biggest consistency I saw here that was a little bit different was to see the intense shift over to the number of cases you have in meth that's been steady—increasing.

And what it looks like to me is that it almost made a—just a—the pseudoephedrine controls have changed the nature of the debate. We're trying to figure out exactly how. But it hasn't changed that the problem is meth.

It's a little bit better for environmental reasons. You're not going to have the local volunteer fire department going to get blown up if it's the crystal meth. So it'll change the nature a little. But you're still going to have property crime. As I heard you say, they're still going to do property crime to buy the stuff.

They're still going to have all the family internal problems that you have from drug abuse, like we heard so eloquently today, I mean, the difficulties of finances, the difficulties of health care coverage, the difficulties of—with children, of, in your case at least, not abuse.

By the way, I got to defend trailers here for a second. My district is the No. 1 manufacturer of trailer—that we ship manufactured housing. It is a great entryway for people to be able to own their

own property. I understood what you were trying to say, but I had to say that in defense of trailers.

I had a specific question. I believe it was Mr. Watson—I can't—that—you had some—you had a 2005—some 2005 statistics. Was that in your testimony?

Mr. WATSON. It could have been from my agency, maybe from what we did. I talked about the impact in Morgan County last year on felony filings, where they'd gone up 70 percent from the previous year.

Mr. SOUDER. I'll followup. I had a technical question on one of these, whether all of that was 2005 data or whether it was from another year. Because some of the data on these—here, on Larimer. It was this one.

Mr. Abrahamson, in Larimer County—you say at the beginning, In Larimer County alone, during the first 9 months of 2005, 52 children were placed outside their homes.

Mr. ABRAHAMSON. Correct.

Mr. SOUDER. Toward the—page 3. Then you have four other statistics there, four other comments. Were those also 2005?

Mr. ABRAHAMSON. Those were all—from the information that I gathered, they were all, I think, in the first 9 months of 2005—where they're getting that information.

Mr. SOUDER. So this is three quarters of a year. And it's all just last year.

Mr. ABRAHAMSON. Right.

Mr. SOUDER. So even though your labs were declining—do you know whether—is there a base to compare that to? In other words, don't—I'm not asking to go out and do a whole survey, but if there's a way to approximately say—if nothing else, is that up or down, compared to pre-2005?

Because you've shown that the—your meth arrests are up. Your meth seized are up. Even your labs dismantled were up in 2005. So you were headed up even in labs.

Mr. ABRAHAMSON. Right.

Mr. SOUDER. 2006, is that down?

Mr. ABRAHAMSON. I'm sorry?

Mr. SOUDER. Is it dropped in 2006?

Mr. ABRAHAMSON. I don't have the figures for 2006.

Labs? We've only had 4 this year, 19 total last year.

Mr. SOUDER. So the labs are down. Do you believe—if you can kind of—what I'm trying to do—because I don't want to make misstatements that—because what it looks like—but yours is an oddity, because it bumped up in 2005. Do you think that your meth seized will go down in 2006 so far?

Mr. ABRAHAMSON. Yes.

Mr. SOUDER. So you're not getting as much replacement meth as what you were—one big bust, you get——

Mr. ABRAHAMSON. Yes. One big bust, you can get 10 pounds. You could take down an entire organization and only get a pound.

Mr. SOUDER. So it's very hard to make any conclusions right now off your data, because—meth's a big problem. That's a conclusion of yours. But it's tough to—because it's hard for us to get some of that specific data. We get aggregate data. But one of the great

things about field hearings is to try to see what's happening, but your cases become smaller.

Do you find when you take—when you get—do you have any comments on what I said about how it might be moving across from Mexico? Do you think some of this is maybe individuals taking small amounts and then financing their trips with it, or does this seem to be—because we're not getting the loads. We're getting the loads of everything else.

You mentioned that the price went up from here compared to the border, but that's true of cocaine; that's true of heroin; that's true of marijuana. Just the number of stops, unless it's using a different distribution system—it's either that, or they're speculating we've got a huge hole where they're actually bringing it in big amounts.

And the question is, are they bringing in raw ephedra across and then finding a different way to manufacturer. We're really watching those type of trends, because we've got a—somewhat of a disconnect, as you could hear me—today. And I'm trying to piece your micro information back with what we're getting at the macro.

Do any of you have any additional comments that you'd like to make on anything you've heard today?

Thank you for coming. Once again, I'd like to be kept very closely posted on what you're doing in Mesa County, because that's very interesting. Thank you for coming forth, being open about your testimony as well.

There is no question from going through drug treatment programs that drug treatment is—we need more in the prison system itself. We need a better plan outside. We've increased the funding. One of our frustrations is there isn't anybody who's ever worked with narcotics, as you even stated with your husband, who hasn't been through—you see these people go through six or seven.

The question is, how do we make it more effective. We last week had the founder of the matrix program testify in front of us. He's been doing this for a long time and working with it. Obviously, if everybody could get a really extended treatment program and then get a really great job afterwards and have a wonderful supporting family, it would go better. But we don't have that as an option in our system.

And so we're trying to figure out—OK. Clearly, accountability works. And accountability starts with the testing to hold them accountable. The second part of accountability is just like accountability partners, whether it's your spouse and family—immediate people around you.

But there isn't any question it's one of the reasons that many of us favor access to recovery and other more flexible programs—is if somebody has a life-changing experience and really makes a commitment, whether it's—usually to Christianity, but it can be other things as well.

You make that kind of personal commitment, and you're more likely to change, because it starts to have an impact around you. And many of the most effective programs that we see are in those kind of changes. And thank you for being open about that, because the government doesn't like to talk about that part a lot, but it's a very key component.

When you get down in at the grassroots level of what happens, you see that those kind of changes are at the core of many people who actually suddenly, after going through seven treatment programs and law enforcement four or five times—it doesn't mean you become perfect. But often that's the change that really sticks.

And it's frustrating in government how to accommodate that and work with that when we all know it's true, but we got to be very careful in a very diversified society how we address it.

Well, thank you all for your commitment. If you'll pass through—often, the—your deputies in your office, everybody who takes all the intake get no credit. We appreciate that and the law enforcement, the officers who are out on the street risking their lives every day for it, the treatment program people who are working. This is tough stuff.

The most common question I get when we go for the funding is, "Don't you feel like giving up", or "We spent money on that last year. How come you didn't fix it?" You know, we don't "fix" spouse abuse. We don't "fix" child abuse. We don't "fix" rape.

You do—is you battle it the best you can. And if you can control it to some degree and make progress—you save one family at a time, one person at a time, one child at a time. And you're doing very important work, and we thank you very much for it. With that, the subcommittee stands adjourned.

[Whereupon, at approximately 12:30 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

Colorado Counties, Inc.

COUNTY PERSPECTIVES

Methamphetamine: A Colorado View

By Yilan Shen

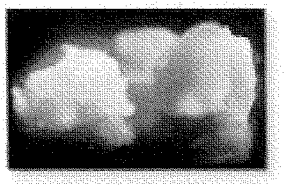
May 2006

METHAMPHETAMINE: A COLORADO VIEW

Background

Methamphetamine has become an increasingly vexing problem for communities across the United States. It poses unique problems in terms of intercepting the supply, preventing addiction and implementing treatment. Meth abuse globally is more widespread than cocaine and heroin combined with 26 million addicts, according to the World Health Organization (Byker, 2006). The United Nations identifies meth as the most abused hard drug on Earth. With an estimated 1.4 million people in America using meth, experts conjecture that the drug is at its purest potency ever. In a survey conducted by the National Association of Counties (NACo), it was shown that 58% of the counties surveyed believed meth to be their most prominent drug problem (NACo, July 5, 2005). In the state of Colorado, the number of people seeking treatment for meth addiction rose from 1,782 in 2000 to 4,778 in 2004 (Byker, 2006). Mesa County Commissioner Janet Rowland, who is the Co-Chair of the Mesa County Meth Taskforce, says she definitely witnessed an evolution of the problem in the last ten years. As an employee of Mesa County's Department of Human Services between 1995 and 1998, she was involved in 300 child protection cases. None of these cases involved meth. Recently in Mesa County, she reported a 190% increase in forgeries in the past four years, which is the crime most commonly connected to meth abuse. She feels, "The average citizen is being impacted more by the epidemic now." This paper will explain why.

Meth use and trafficking have spread and evolved over the years. It began as a recreational drug among bikers on the West Coast in 1980 (Byker, 2006). The use of ephedrine and pseudoephedrine as precursor ingredients for the drug prompted Mexican cartels like the Amezcua cartel to start supplying these precursors to U. S. manufacturers who are often referred to as "cookers." Repeated attempts by federal authorities to try to control the precursor drugs have been thwarted by aggressive lobbying on the part of pharmaceutical companies trying to protect their $3 billion a year cold medicine market (Suo, 2004). Interestingly, addiction rates could be predicted by the level of purity and the price. The Oregonian newspaper found the early 1990's to be the first great jump in


Meth in Rock Form

abuse when they reviewed records related to meth use. Then in 1994, 3.4 metric tons of ephedrine were inadvertently discovered in Dallas. Consequently, "the superlabs" that mass produced meth in California were cut off from their supply. Purity decreased, yet price increased. Fewer numbers of people who tried the less pure drug became addicted and those who were addicted recovered more easily, than those who used the previously purer product.

When federal restrictions were finally successfully tightened on the supply of ephedrine, pseudoephedrine was used in its place (Byker, 2006). With pseudoephedrine exempted by the loopholes left in federal legislation, it is estimated that meth is currently in its purest form in history at around 70%. Joe Higgins, Executive Director of Partners and Co-Chair of the Mesa County Meth Taskforce asserts that "meth has been around for awhile, but it is now more powerful and addictive than it used to be 10 or 15 years ago."

As the drug became purer, it increasingly became more addictive., therefore, its popularity gained momentum. It is no longer confined to the West Coast or Midwest (Byker, 2006). The East Coast is now ravaged by the drug. Mexican meth is being poured into Atlanta, Georgia. Meth labs are being discovered from Maine to Florida. According to the United States Drug Enforcement Agency, approximately 65% of meth is produced in superlabs in Mexico and California, while the remaining 35% is produced in smaller labs throughout the country.

The Epidemic

This epidemic is destructive because it reaches so many levels of society and affects communities in so many different ways. George Epp of County Sheriffs' Association of Colorado (CSOC) described meth as devastating because of its "ripple effect through child welfare, education and mental health." Glenn Vaad, County Commissioner of Weld County and Board President of Colorado Counties, Inc., says that "the human cost, the social welfare cost, the actual cleanup cost and the cost of incarceration" all take a toll on Colorado communities. The reach of the destruction ranges from criminal

activity, to overcrowded jails, to environmental hazards.

A rise in related crimes is linked with meth (Byker, 2006). Eighty-five percent of property crimes, and a majority of muggings, car thefts and identity thefts in Oregon are associated with the drug. NACo reported that 70% of their survey respondents in law enforcement said robberies or burglaries have increased because of meth (NACo, July 5, 2005). Likewise, 62% reported a rise in domestic violence, and others also reported an increase in simple assaults and identity thefts. As a result, jails are overcrowded with an influx of criminals associated with meth. The same survey showed half of the respondents reported that up to 20% of their current inmates were incarcerated for crimes related to meth. Furthermore, some smaller and upper midwest counties reported 75 to 100% of their jail populations being held for meth related crimes (NACo, July 5, 2005). Commissioner Rowland sees it firsthand in Mesa County as criminals arrested for meth, bond out for initial offenses, then eventually end up back in the system at a later date. She sees this as a pattern that contributes to the overcrowding in the Mesa County jail.

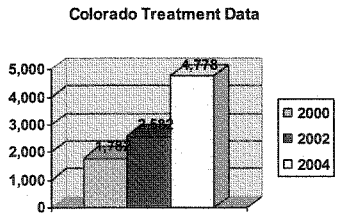
Law enforcement resources are strained by the problem (NACo, July 5, 2005). Dave Thomas of the Colorado District Attorney's Council (CDAC) recognizes that "[the] emergence of the methamphetamine epidemic in the United States has been rapid, devastating and a challenge to all in law enforcement." Increased workloads because of meth were apparent to 82% of the counties that NACo surveyed (NACo, July 5, 2005). To adequately address the growing need, many counties are paying more overtime, changing their work assignments and extending shifts. George Epp of CSOC believes that it is a unique problem for law enforcement. Marijuana, cocaine and heroin are not substantially processed in Colorado. The dangers and hazards that the law enforcement officers are exposed to and the dilemma of how to clean up the meth labs are what make the meth problem unique to other drug problems. Another exacerbating factor is the aggressive behavior that meth induces in the user when officers have to confront someone who is on meth.

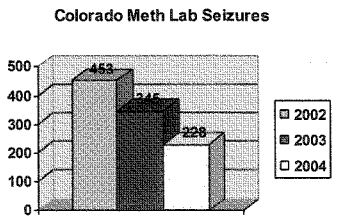
The children involved in the tragedy of meth are helpless victims caught in the epidemic. Like many other drugs, meth's effects on unborn children can include birth

defects, low birth weight, attention deficit disorder and other behavioral disorders (NACo, July 5, 2005). Children in the presence of meth are in greater danger of being abused and neglected. According to the Colorado Children's Campaign, about one third of meth labs seized have children present. Of those children who are found in homes used as meth labs, at least 30% test positive for the drug (NACo, October 20, 2005).

Another facet of the meth problem involves the environmental hazards that meth labs pose to Colorado communities. Highly flammable and explosive materials are used in the process of making meth. Streams, septic systems and surface water run-off are all impacted by the five to seven pounds of toxic waste that is produced for every pound of meth being made (NACo, October 20, 2005).

Colorado is among the states where the drug is most prevalent and use is still on the rise (Byker, 2006). Joe Higgins from Mesa County Meth Taskforce recognizes the problem as a manifestation of other social problems, as people are often using the drug to escape from other problems. Out of all residents who sought treatment for substance abuse in 2004, 4,778 or 7% were seeking it for meth abuse (see chart below). In 2002, the number was 2,582. In 2000, it was 1,782. The epidemic has been growing in both rural and urban counties (Alcohol and Drug Abuse Division, March 2005). Thomas of CDAC said, "The use of meth cuts across all socio-economic levels."





It is obvious most of the meth in the state is not being produced within state lines, since local production seems to be declining, yet use is still on the rise. Similar to the

experiences in other states, most of the drug is coming from Mexican superlabs (Byker, 2006). In Colorado, the number of local meth labs seized by the DEA, state and local authorities has been on the decline in recent years. In 2004, 228 labs were seized (see chart above). In 2003, the number was 345. In 2002, it was 453.

The destructive toll that meth has taken on Colorado is similar to that in national trends. NACo reported 70% of Colorado counties surveyed showed out-of-home or foster care placements increased dramatically because of meth, within the last five years (NACo, October 20, 2005). Another survey by NACo showed 75% of Colorado emergency rooms reported higher occurrences of meth related cases (NACo, January 2006). George Epp of CSOC points to meth as Colorado's most significant drug problem and says it reaches all corners of the state including rural counties and metro areas like El Paso County. Anne Moore of the Arapahoe House, a nonprofit treatment facility for drug and alcohol abuse, told of an increase in meth treatment intakes in her organization by both adolescents and adults.

Mesa County provides a good case study of how a Colorado community has been affected by the drug. Within the County, five of the six meth labs seized in 2004 included children (Mesa County, 2006). In the same year, about 75% of children under the age of 12 in foster care cases were meth related. Over the age of 12, it was 50%. Forgery, fraud and thefts were all increasing between 2000 and 2004, which all are crimes tied to meth use. Mesa County District Court Judges estimated that 80% of the cases that they hear have connections to meth. Furthermore, autopsies performed between 2003-2005 showed meth to be present in 15% of the cases. Commissioner Janet Rowland said, "The jail that was built to house 336 inmates has recently exceeded its capacity at 411."

Federal Remedies

On the federal level, the Combat Meth Epidemic Act of 2005 was passed into law as a part of the bill to amend the PATRIOT Reauthorization Act in March 2006 (Byker, 2006). The legislation includes restrictions on the availability of ephedrine and pseudoephedrine products. It requires that these products be locked or behind a counter.

No more than 3.6 grams per day or nine grams per month can be purchased by one person. People buying the products must show identification and sign a log. The law also dictates that employees dispensing such products must be trained properly to follow the requirements.

In addition to those provisions, the federal legislation aims at stricter penalties for traffickers and kingpins of the drug, along with the cookers who put children in danger or use federal property (Byker, 2006). It allows more control over precursor chemicals that are being produced in foreign countries. Another aspect is that of holding the companies accountable if their product is being diverted for illicit use. The measure calls for an increase in funding for assistance programs including drug courts and those aiding mothers and children. It authorizes $99 million for Meth Hot Spot grants to state and local governments (Dunn, 2006). Another $20 million goes to help drug endangered children teams that include law enforcement, child social services, medical professionals and prosecutors. Commissioner Rowland spoke favorably of the legislation and the funding to treatment centers that allow mothers and children to stay together during the residential treatment programs. Anne Moore of Arapahoe House also mentioned the importance of keeping women with their children as an effective treatment approach.

The federal bill requires quotas for manufacturers of ephedrine and pseudoephedrine (Byker, 2006). The bill pledges to support Mexico in curbing the flow of meth into our country, which mirrors the intentions of Colorado's House Joint Resolution 06-1017. It is important to note that this law does not preempt other state laws that have stricter limits on pseudoephedrine sales (Dunn, 2006). Other efforts at the federal level include the President's National Drug Control Strategy for 2006 acknowledging the havoc that meth is wreaking upon the country (Byker, 2006). The report found that even though meth use is declining for high school students, use is generally on the increase. The National Synthetic Drug Action Plan 2004 recognized that synthetic club drugs like meth pose unique problems in prevention, enforcement and treatment. The people who are on the frontlines of the fight against meth in Colorado all applaud the efforts such as the Combat Meth Act. At the same time, they are aware that these tools should not be seen as panaceas to a problem that encompasses so many other social problems including domestic violence, poverty and mental illness.

Other Remedies

As of July 2005, 30 states had some form of legislation restricting the sale of ephedrine and pseudoephedrine products (Allen, 2005). The majority of these states report a drastic decline in the number of meth lab seizures. Iowa saw an 80% decline in small labs as a result of the law (Dunn, 2006). The benefit of a federal law is that it sets a consistent standard for all states, so that no state is left as a haven for meth production (Allen, 2005). George Epp of CSOC believes that the strategy of limiting precursor drugs needs to be continually evaluated for how effective it would be in different jurisdictions. What works in one place may not work in another.

Oregon has taken a step further to require prescriptions for all meth related medications (Ydstie, 2005). In 2001, a study by the DEA in the Portland area of convenience stores found that 75% of pseudoephedrine was being used to produce meth (Byker, 2006). Previously, Oregon was one of the states requiring identification and a logged signature for the purchase of such products (Ydstie, 2005). A prescription is now required for products like Sudafed, which includes pseudoephedrine. The previous strategy reduced the number of meth labs to about half. The recent restriction is in place to address the remaining labs in operation.

Tennessee is trying a more radical approach. The state now requires that a person convicted of selling or making meth be registered on a list similar to sex offenders (Cornish, 2006). There is controversy as to the law's effectiveness and its possible violation of one's privacy.

Montana's approach is to prevent the demand for meth with the Montana Meth Project (www.montanameth.org). The project is both funded and designed by billionaire, Thomas Siebel. It targets young people between the ages of 12 to 17, urging them to not try meth, "not even once" (Block, 2006). It is a three-pronged approach that involves public service messaging, public policy and community action. The hope is that an aggressive and graphic media campaign will start conversations between parents and children, and possibly deter young people from trying meth. Commissioner Glenn Vaad likes the Montana Meth Project for its market-based approach that aims to "unsell" kids

on the product of meth. The approach is attractive since the highly addictive nature of the substance demands drastic action like the Montana Meth Project. It would be ideal to preserve the county revenues and be able to take advantage of a private funding source like Siebel.

Many state and local governments have allotted energy and time for the meth problem by forming taskforces and determining best practices. Joe Higgins of the Mesa County Meth Taskforce witnessed states like Washington, Oregon and Wyoming making strides in forming meth action teams that are similar to taskforces. They include the stakeholders from law enforcement, human services, mental health, school districts and concerned citizens. These teams are charged with forming specific action plans to prevent, reduce and treat meth addiction.

Colorado Approaches

In December 2002, a package of laws was passed in the Colorado legislature to protect children from the ills of meth (Clark, 2003). The set of laws included measures that would allow exposing children to meth manufacturing to be punished as felony child abuse. Other measures gave more flexibility to state child services to remove children from homes used as labs. In April of 2004, a legislation (25-18.5-102, C. R. S.) establishing regulations for meth lab cleanup was signed (Colorado Department of Public Health and Environment). The law required that cleanup standards be set up by the Board of Health for homes formerly used as meth labs.

House Bill 06-1145 is being considered by the 2006 Colorado General Assembly. The law would set standards similar to the federal law restricting the sale of pseudoephedrine products. It would also form a legislative committee, a taskforce or a streamlined version of both that would research and seek practices to address the problem. Additionally, if one were to expose a child to the making of meth, it would be categorized as child abuse.

Dave Thomas of the Colorado District Attorney's Council believes that "House Bill 06-1145 is an attempt to address the exploding meth problem. It combines some new crime

categories dealing with people who expose children to meth labs to creating a taskforce to study new methods of dealing with meth, treatment alternatives, prevention techniques and the like." The stakeholders modified the original bill to follow suit with the federal legislation in pseudoephedrine sales restrictions. When asked what he thought the solution was to the meth problem, George Epp of CSOC said, "There is no silver bullet, no single solution." That is why the taskforce has been commissioned to try to find answers using a multi-pronged attack through public education, more treatment resources, more advanced treatment and more enforcement. According to Epp, sheriffs' associations in other states attest to the effectiveness of similar bills that have been passed in states such as Montana, Minnesota, Michigan and Utah.

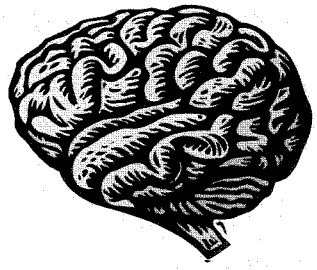
In Colorado, Senate Bill 06-002 requires that homes used as former meth labs be disclosed to potential home buyers and be subject to penalties for violations. Serious health concerns have been linked to exposure to airborne and surface contamination from meth production residues that are known to linger for long periods of time (NACo, October 20, 2005). Eight thousand meth labs were raided in the U. S. in 2005.

County Remedies

In their fight against meth, Mesa County formed their Meth Taskforce and created the Fast Tracks Program. Their taskforce has already completed a white paper to explore the problem and aims to seek best practices for prevention, intervention and treatment. In a survey conducted by NACo (July 5, 2005), 81% of the law enforcement officials reported that their county did not have a specific program or facility tailored for criminals addicted to meth. This results in many of these addicts being incarcerated in local jails and not receiving adequate treatment for their addiction. The Fast Tracks program in Mesa County is designed to alleviate the overcrowding that has taken place in the county jail by allowing arrestees to go into a residential treatment program, rather than being shuffled through the legal system. The program should expedite the legal process for those arrested for meth, but not be as cumbersome as drug courts. Additionally, it is more financially sound than building more jails. The meth treatment facility will cost $2.5 million dollars less than building an addition onto the jail and a half million dollars a year less to operate, according to Commissioner Rowland.

the treatment of this addiction, because it goes beyond drug addiction into brain damage. When the brain is healing within the first six months of recovery, the addict usually experiences an inability to experience pleasure.

According to Anne Moore of Arapahoe House, "Because [meth] is cheap and easy to obtain, people are severely addicted to this drug." There is the notion that meth addiction is untreatable. Moreover, Moore recognizes that the reaction to meth is similar to when the cocaine problem first emerged. Most available forms of treatment that show any promise center around behavior modification (Sommerfeld, 2001). The Matrix Model is an example of an outpatient cognitive-behavioral therapy. It is the leading effective therapy known for this addiction according to the Center for Substance Abuse Treatment, a division of the Substance Abuse and Mental Health Services Administration. The effectiveness of this model in treating meth addiction is shown to be equal to that of cocaine addiction. This method consists of addiction management, family therapy, urine testing and 12 step activities for 2-6 months. Moore says that Arapahoe House uses components of the Matrix Model in their intensive residential, adolescent residential and outpatient programs. Commissioner Rowland explains that the difference between this model and others is the long-term follow-up that is involved to ensure success after the person leaves the treatment facility. Other forms of treatment involve spirituality, family support, strict regiments and long-term residential programs.



One California clinic is the only one testing a program that is based solely on monetary reward, without counseling or other therapy (Levitt, 2006). They pay the patient $2.50 for the initial clean drug test. Then he or she receives $10 for the subsequent ones. Since staying in treatment is the biggest determinant of sobriety, it is important to reward them and help them get on their feet. The program offers them an incentive not to relapse.

Joe Higgins from the Mesa County Meth Taskforce speaks of other programs in

Treatment

Treatment poses yet another issue that is relevant to county service providers. One of the reasons that meth is so dangerous is that it affects the human body in very dramatic ways. Like other stimulants, it increases heart rate, respiration, blood pressure and body temperature (Byker, 2006). Long-term use can cause chronic physical and mental deterioration. It lowers the body's ability to heal. Skin problems and teeth problems develop as a result. Above all, it drastically reduces the ability to experience pleasure in other ways.

The neurotransmitter dopamine, responsible for pleasurable experiences, peaks in high levels as a result of meth use (Sommerfeld, 2001). While on meth, the increased levels of dopamine cause feelings of euphoria and heightened energy levels. Extreme amounts of dopamine being released in the body produces aggression, hallucinations and psychotic behaviors. The effects of meth on the body are more long-term and intense than other drugs (Byker, 2006). Significantly higher levels of dopamine are released from meth than other pleasure producing behaviors. For example, food and alcohol cause an increase from 100 to 200 units, nicotine to 200 units and cocaine to 350 units. Meth spikes up to 1,250 units, 12 times as much as other pleasurable activities like sex or eating. Meth is also set apart from other stimulants. Cocaine simply stops the recycling of dopamine, while meth actually causes excessive release of dopamine at the nerve cell (Sommerfeld, 2001). The unfortunate reality is that dopamine receptors can regenerate, but cognitive abilities such as memory, judgment and motor coordination show similar impairment to that of Parkinson's Disease (Byker, 2006).

Experts found that chronic abuse of meth led to a drastic decrease in the dopamine transporters (Sommerfeld, 2001). Transporters are vital in a normally functioning dopamine system. It is the loss of transporters that are linked to the loss of cognitive skills. This finding has great implications to

The effects of meth on Jennifer after 1.5 years.

Portland, Oregon and Vancouver, Canada that focus on a holistic approach of replacing the meth use with forms of healthy behaviors such as exercising, taking vitamins and finding hobbies; all with the hope that they can find again other ways of experiencing pleasure in life without meth. "The overall treatment philosophy [for Arapahoe House] weaves in cognitive-behavioral, motivational enhancement and strength-based approaches across all our programs. . ." said Anne Moore.

Show Me the Money

While the federal strategies and legislation show commitment to fighting the epidemic, the Fiscal Year 2007 budget shows a more mixed message (Byker, 2006). It proposes that $40 million be allocated to DEA for lab cleanup, which is a 100% increase from the Fiscal Year 2006 budget. There is a $16 million allocation to local governments for the next couple of years specifically for residential treatment and drug court programs (Berkes, 2005). The Combat Meth Act allocates money to mothers and children in need of assistance programs (Byker, 2006). Ninety-nine million dollars is authorized for Meth Hot Spot grants to state and local governments (Dunn, 2006). Drug endangered children teams will receive $20 million in funding.

Eliminated in the proposed Fiscal Year 2007 budget was the Byrne-Justice Assistance Grants to fight against meth (Byker, 2006). As a member of the board that recommends allocations for the grants for 14 years, Epp recalls a 45% cut for Fiscal Year 2006. He says, "It really eats into our ability to do drug enforcement, particularly in rural parts of Colorado." Funding to Community Oriented Policing Services was reduced from $478.3 million in Fiscal Year 2006 to $102 million in Fiscal Year 2007 (Congressional Caucus to Fight and Control Methamphetamine, 2006).

Conclusion

As Commissioner Janet Rowland posed, the average citizen is being impacted by meth. It is evident that the problem of methamphetamine is more deserving of attention and action than ever before. The good news is that there is more awareness and knowledge about the nature of the problem now. County governments will have to keep constant

vigilance on the problem by learning from each other and participating in the taskforce that will be formed by the Colorado legislature. As with any complex problem, there are no easy answers.

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Resources and Links

National Association of Counties (NACo), www.naco.org.
202.393.6226, 440 First Street, NW, Washington, DC 20001-2080

Mesa County Meth Task Force, http://methfree.mesacounty.us/MethTaskForce.aspx.
970.244.1860, P.O. Box 20,000-5010, Grand Junction, CO 81502-5010

Alcohol and Drug Abuse Division (ADAD),
http://www.cdhs.state.co.us/ohr/adad/index.html.
303.866.7480, 4055 S. Lowell Blvd., Denver, CO 80236

Montana Meth Project, www.montanameth.org.
406.721.2538, P.O. Box 8944, Missoula, MT 59807

Substance Abuse and Mental Health Services Administration, http://www.samhsa.gov/.
240.276.2000, 1 Choke Cherry Road, Rockville, MD 20857

Colorado District Attorney's Council
303.830.9115, 1580 Logan St., Suite 420, Denver, CO 80203

County Sheriffs of Colorado, Inc.
720.344.2762, 9008 N. US Highway 85 Unit C, Littleton, CO 80125-9915

Announcement

The Substance Abuse and Mental Health Services Administration, an agency of the U.S. Department of Health and Human Services, is accepting applications for 9-ll awards to be given from a $3.3 million grant. The awards ranging from $300,000 to $350, 000 are for methamphetamine prevention. The target groups for the awards include: state and local governments, Native American tribes and community or faith-based organizations. *The deadline for these awards is May 16, 2006.* More information is available at www.samhsa.gov/Grants06/RFA/SP_06_05_prevmeth.aspx.

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