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FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

JULY 18, 2003

Serial No. 108–93

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpo.gov/congress/house
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

91–423 PDF WASHINGTON : 2004

For sale by the Superintendent of Documents, U.S. Government Printing Office
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FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

FRIDAY, JULY 18, 2003

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

The subcommittee met, pursuant to notice, at 10 a.m., in room 2203, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Ose, Cummings, Sanchez, Ruppersberger, and Norton.

Also present: Representative Baird.

Staff present: Christopher A. Donesa, staff director; Nicholas Coleman, professional staff member; John Stanton, congressional fellow; Nicole Garrett, clerk; and Julian A. Haywood, minority counsel.

Mr. SOUDER. The Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing will now come to order.

Good morning and thank you all for coming. This hearing continues our effort to highlight Federal responses to the problem of methamphetamine abuse. The problem most visibly has manifested itself locally in towns and rural areas across the country, but the array of meth-related problems from small labs nationwide to so called "super labs" in California, to the environmental consequences, to the social toll and cost of addiction clearly are a significant national problem that requires increasing Federal attention.

Today we will consider how the Federal Government can best support efforts to control and prevent abuse of methamphetamines across the country. Meth is among the most powerful and dangerous stimulants available. The drug is highly addictive and has multiple side effect, including psychotic behavior, physical deterioration and brain damage, and carries a high risk of death by overdose. Unfortunately, it also is relatively easy to produce from common household chemicals and cold medicines.

The growth of the meth problem in the last decade, both in the number of addicts and the number of areas affected, has been particularly severe. What was once primarily a regional problem, concentrated mainly in southern and central California, has now spread across most of the United States. Today nearly every State and every congressional district has been forced to grapple with meth trafficking and abuse.

Meth comes from two major sources of supply. Most is produced in the super labs of California and northern Mexico, which have accounted for over 70 percent of the Nation's supply.

This subcommittee held a hearing in Congressman Ose's district in central California on the super lab issue just a few years ago. These super labs are operated by large Mexican drug cartels and outlaw motorcycle gangs that have used their established distribution networks to move meth throughout the country.

These organizations import huge quantities of precursor chemicals like pseudoephedrine from Canada, a practice made necessary by tougher U.S. penalties against precursor diversion and effective enforcement by DEA and other law enforcement agencies. And as we heard at our last hearing, we continue to work with Canada to strengthen their laws.

The second major source of meth comes from small local labs unaffiliated with major trafficking organizations. These labs have proliferated throughout the country, especially in rural areas. DEA reports that over 7,700 of the 8,000 clandestine labs seized in 2001 were these smaller labs. The total amount of meth actually supplied by these labs is relatively small. The environmental damage and the health hazard they create, however, make them serious problems for local communities.

For example, every single county in my district, especially the more rural counties, have seen this proliferation of small meth labs, and we plan to hold a hearing in northeast Indiana later this year.

The Federal Government has already taken significant and effective action against the meth problem. The widespread growth of the problem, however, has spurred calls for further action. Most proposals have focused on the need to assist local law enforcement in finding and cleaning up the numerous small meth labs.

A well-balanced approach, however, will have to address both the smaller labs and the major traffickers. At the Federal level, DEA and other agencies will continue to take the lead in disrupting and dismantling the organizations behind the super labs, in close cooperation with such State agencies as the California Bureau of Narcotics Enforcement, which has also played a leading and significant role in this area. These agencies need support and assistance, however, from additional State and local law enforcement to be truly effective.

The High Intensity Drug Trafficking Areas [HIDTA], Program is designed to foster this kind of cooperation against drug trafficking. HIDTA-funded initiatives have already targeted many of the major super labs and the distribution networks affiliated with them. This should continue to be a priority for the HIDTA program within the context of other national trafficking programs.

Although the smaller labs do not have the same national impact on meth supply as the super labs, the damage they cause is more widespread. It is a significant concern that requires careful attention. The Federal Government must continue to explore how best to assist States and localities in finding and cleaning up these dangerous sites. Because the purpose of the HIDTA program is to reduce the national supply of drugs and not to deal primarily with

local problems, a more inclusive and locally focused program is needed.

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

Additionally, resources for treatment and prevention at the local level are also made available. I'm a cosponsor of this bill, and I strongly support it.

[The text of H.R. 834 follows:]

I

108TH CONGRESS
1ST SESSION

H. R. 834

To respond to the illegal production, distribution, and use of methamphetamines in the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2003

Mr. OSE (for himself, Mr. BLUNT, Mr. PORTMAN, Mr. SOUDER, Mr. MICA, Mr. CANNON, Mr. CALVERT, Mr. CUMMINGS, Mr. COBLE, Mr. TOWNS, Mr. GOODLATTE, Mr. HERGER, Mr. DOOLITTLE, Mr. LEWIS of California, Mr. LATHAM, Mr. RADANOVICH, Mr. UDALL of New Mexico, Mr. BEREUTER, Mr. GIBBONS, Mr. WALDEN of Oregon, Mr. SESSIONS, Mrs. TAUSCHER, Mr. CRANE, Ms. HARMAN, Mrs. WILSON of New Mexico, Ms. WOOLSEY, Mr. CUNNINGHAM, Mr. MATHESON, Mr. WILSON of South Carolina, Ms. BERKLEY, Mr. NETHERCUTT, Ms. LOFGREN, Mr. MCINNIS, Mr. COSTELLO, Mr. ADERHOLT, Mr. CARSON of Oklahoma, Mr. PUTNAM, Mr. DOOLEY of California, Mr. OSBORNE, Mr. CARDOZA, Mr. GRAVES, Mr. FILNER, Mr. TERRY, Mrs. BONO, Mr. OTTER, Mr. PETERSON of Pennsylvania, Mr. ENGLISH, Mr. GILLMOR, Mr. LANTOS, Mr. SIMMONS, Mr. HOLDEN, Mr. ISSA, Mr. POMEROY, Mrs. JO ANN DAVIS of Virginia, Mr. HUNTER, Mr. SULLIVAN, Mr. HILL, Mr. BALLENGER, Mr. CASE, Mr. NUNES, Mr. UPTON, Mr. EHLERS, Mr. LEACH, and Mr. THOMPSON of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, Resources, Transportation and Infrastructure, Education and the Workforce, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To respond to the illegal production, distribution, and use of methamphetamines in the United States, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 "Clean, Learn, Educate, Abolish, Neutralize, and Under-
6 mine Production (CLEAN-UP) of Methamphetamines
7 Act".

8 (b) TABLE OF CONTENTS.—The table of contents for
9 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—ENVIRONMENTAL PROTECTION

Sec. 101. Response to environmental hazards associated with illegal manufacture of methamphetamine on Department of Agriculture and Department of the Interior lands.
Sec. 102. Grant program to assist State and local government and private response to environmental hazards associated with illegal manufacture of methamphetamine on agricultural lands.
Sec. 103. Designation of by-products of methamphetamine laboratories as hazardous materials and waste under Hazardous Materials Transportation Act and Solid Waste Disposal Act.
Sec. 104. Grant program to assist law enforcement agencies in the safe identification, cleanup, and disposal of methamphetamine laboratories.
Sec. 105. Grant program to assist law enforcement agencies in meeting the costs of complying with Federal laws relating to methamphetamine laboratory cleanup and disposal.
Sec. 106. Study of environmental impact.

TITLE II—EDUCATION, PREVENTION, AND TREATMENT

Sec. 201. Study regarding health effects of exposure to process of unlawful manufacture of methamphetamine.
Sec. 202. Grants for educational programs on prevention and treatment of methamphetamine abuse.
Sec. 203. Local grants for treatment of methamphetamine abuse and related conditions.

TITLE III—ENFORCEMENT

Sec. 301. Authorization of appropriations relating to methamphetamine laboratory seizure statistics.
Sec. 302. Authorization of appropriations relating to COPS grants.

Sec. 303. Expansion of methamphetamine Hot Spots program to include personnel and equipment for enforcement, prosecution, and environmental cleanup.
Sec. 304. Authorization of appropriations relating to the clandestine laboratory training.
Sec. 305. Liability of promoters of commercial drug-oriented entertainment.
Sec. 306. Statement of Congress regarding availability and illegal importation of pseudoephedrine from Canada.

TITLE I—ENVIRONMENTAL PROTECTION

SEC. 101. RESPONSE TO ENVIRONMENTAL HAZARDS ASSOCIATED WITH ILLEGAL MANUFACTURE OF METHAMPHETAMINE ON DEPARTMENT OF AGRICULTURE AND DEPARTMENT OF THE INTERIOR LANDS.

(a) RESPONSE ACTIVITIES.—The Secretary of Agriculture and the Secretary of the Interior may carry out programs for the environmental clean up and remediation of National Forest System lands and other lands under the jurisdiction of the Department of Agriculture and National Park System lands and other lands under the jurisdiction of the Department of the Interior that are contaminated with any hazardous substance or pollutant associated with the illegal manufacture of methamphetamine.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $15,000,000 to carry out the programs authorized in subsection (a).

SEC. 102. GRANT PROGRAM TO ASSIST STATE AND LOCAL GOVERNMENT AND PRIVATE RESPONSE TO ENVIRONMENTAL HAZARDS ASSOCIATED WITH ILLEGAL MANUFACTURE OF METHAMPHETAMINE ON AGRICULTURAL LANDS.

(a) GRANTS AUTHORIZED.—The Secretary of Agriculture may make grants to State and local governments and to private persons to assist the efforts of State and local governments and private persons to clean up and remediate agricultural lands that are contaminated with any hazardous substance or pollutant associated with the illegal manufacture of methamphetamine. No grant may be made under this subsection to any person who is responsible for the contamination.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Agriculture $15,000,000 to make grants under subsection (a).

SEC. 103. DESIGNATION OF BY-PRODUCTS OF METHAMPHETAMINE LABORATORIES AS HAZARDOUS MATERIALS AND WASTE UNDER HAZARDOUS MATERIALS TRANSPORTATION ACT AND SOLID WASTE DISPOSAL ACT.

(a) HAZARDOUS MATERIALS TRANSPORTATION ACT.—The Secretary of Transportation shall utilize the authority provided by section 5103 of title 49, United States Code, to designate certain by-products of the meth-

1 amphetamine production process as hazardous materials
2 for purposes of chapter 51 of such title to protect the envi-
3 ronment from the environmental harm caused by certain
4 by-products of illegal methamphetamine laboratories and
5 to expand the civil and criminal penalties available against
6 persons who operate such laboratories.

7 (b) SOLID WASTE DISPOSAL ACT.—The Adminis-
8 trator of the Environmental Protection Agency shall uti-
9 lize the authority provided by section 3001 of the Solid
10 Waste Disposal Act (42 U.S.C. 6921) to designate certain
11 by-products of the methamphetamine production process
12 as hazardous waste for purposes of such Act (42 U.S.C.
13 6901 et seq.) to protect the environment from the environ-
14 mental harm caused by certain by-products of illegal
15 methamphetamine laboratories and to expand the civil and
16 criminal penalties available against persons who operate
17 such laboratories.

18 (c) COVERED MATERIALS.—Not later than 13
19 months after the date of the enactment of this Act, the
20 Administrator of the Drug Enforcement Administration
21 shall submit to the Secretary of Transportation and the
22 Administrator of the Environmental Protection Agency a
23 list of those by-products of the methamphetamine produc-
24 tion process that, in the event of improper disposal and
25 inadequate remediation, are likely to cause long-term

1 harm to the environment. The Administrator of the Drug
2 Enforcement Administration shall take into consideration
3 the report required by section 106 in preparing the initial
4 list and shall revise the list annually thereafter as nec-
5 essary to reflect changes in the methamphetamine produc-
6 tion process.

7 (d) TIME FOR DESIGNATION.—The designations re-
8 quired by subsections (a) and (b) shall be completed not
9 later than 18 months after the date of the enactment of
10 this Act. If the Administrator of the Drug Enforcement
11 Administration revises the list referred to in subsection
12 (c), the Secretary of Transportation and the Adminis-
13 trator of the Environmental Protection Agency shall com-
14 plete additional designations to reflect the revisions made
15 to the list not later than 18 months after the date of the
16 submission of the revised list.

17 **SEC. 104. GRANT PROGRAM TO ASSIST LAW ENFORCEMENT**
18 **AGENCIES IN THE SAFE IDENTIFICATION,**
19 **CLEANUP, AND DISPOSAL OF METHAMPHET-**
20 **AMINE LABORATORIES.**

21 (a) GRANTS AUTHORIZED.—The Secretary of Labor,
22 acting through the Occupational Safety and Health Ad-
23 ministration, shall provide grants to State and local law
24 enforcement agencies for—

1 (1) training in safe procedures for identifying,
2 cleaning up, and disposing of methamphetamine lab-
3 oratories, and
4 (2) acquisition of equipment for the safe identi-
5 fication, cleanup, and disposal of methamphetamine
6 laboratories,
7 including costs associated with such training and acquisi-
8 tion provided by public agencies or private organizations.
9 (b) RULEMAKING.—The Secretary of Labor may pre-
10 scribe rules to carry out this section.
11 (c) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 $20,000,000 for fiscal year 2005.

14 **SEC. 105. GRANT PROGRAM TO ASSIST LAW ENFORCEMENT**
15 **AGENCIES IN MEETING THE COSTS OF COM-**
16 **PLYING WITH FEDERAL LAWS RELATING TO**
17 **METHAMPHETAMINE LABORATORY CLEANUP**
18 **AND DISPOSAL.**

19 (a) GRANTS AUTHORIZED.—The Secretary of Labor
20 shall provide grants to State and local law enforcement
21 agencies to assist such agencies in meeting the costs of
22 complying with Federal laws regarding the cleanup and
23 disposal of methamphetamine laboratories.
24 (b) RULEMAKING.—The Secretary of Labor may pre-
25 scribe rules to carry out this section.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 $10,000,000 for fiscal year 2005.

4 **SEC. 106. STUDY OF ENVIRONMENTAL IMPACT.**

5 (a) STUDY REQUIRED.—Not later than one year
6 after the date of the enactment of this Act, the Adminis-
7 trator of the Environmental Protection Agency shall sub-
8 mit to Congress a study of the impact of the operation
9 of laboratories for the manufacture of methamphetamines
10 on the environment, including the impact on agriculture.
11 (b) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to the Administrator of
13 the Environmental Protection Agency $1,000,000 for fis-
14 cal year 2005 to conduct the study required by subsection
15 (a).

16 TITLE II—EDUCATION, 17 PREVENTION, AND TREATMENT

18 **SEC. 201. STUDY REGARDING HEALTH EFFECTS OF EXPO-**
19 **SURE TO PROCESS OF UNLAWFUL MANUFAC-**
20 **TURE OF METHAMPHETAMINE.**

21 (a) IN GENERAL.—With respect to the unlawful man-
22 ufacturing of methamphetamine, the Secretary of Health
23 and Human Services shall conduct a study for the purpose
24 of determining—

(1) to what extent food, water, air, soil, equipment, or other matter becomes contaminated with methamphetamine or other harmful substances as a result of the proximity of the matter to the process of such manufacturing; and

(2) whether any adverse health conditions result from the exposure of individuals to such process or to contaminated matter within the meaning of paragraph (1).

(b) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall complete the study under subsection (a) and submit to the Congress a report describing the findings of the study.

SEC. 202. GRANTS FOR EDUCATIONAL PROGRAMS ON PREVENTION AND TREATMENT OF METHAMPHETAMINE ABUSE.

Part A of title IV of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7101 et seq.) is amended—

(1) in section 4003—

(A) at the end of paragraph (1), by striking "and";

(B) at the end of paragraph (2), by striking the period and inserting "; and"; and

1 (C) at the end of the section, by adding
2 the following:
3 "(3) $20,000,000 for fiscal year 2005, for
4 grants under subpart 4.";
5 (2) by redesignating subpart 4 as subpart 5;
6 and
7 (3) by inserting after subpart 3 the following:
8 **"Subpart 4—Education on Prevention and Treatment**
9 **of Methamphetamine Abuse**
10 **"SEC. 4146. GRANT PROGRAM.**
11 "(a) GRANTS.—From funds made available to carry
12 out this subpart under section 4003(3), the Secretary may
13 make grants on a competitive basis to State agencies, local
14 educational agencies, and nonprofit organizations to carry
15 out programs to educate students on prevention and treat-
16 ment of methamphetamine abuse.
17 "(b) APPLICATIONS.—To receive a grant under this
18 section, an applicant shall submit an application to the
19 Secretary at such time, in such manner, and containing
20 such information as the Secretary may require."
21 **SEC. 203. LOCAL GRANTS FOR TREATMENT OF METH-**
22 **AMPHETAMINE ABUSE AND RELATED CONDI-**
23 **TIONS.**
24 Subpart 1 of part B of title V of the Public Health
25 Service Act (42 U.S.C. 290bb et seq.) is amended—

1 (1) by redesignating the section 514 that re-
2 lates to methamphetamine and appears after section
3 514A as section 514B; and
4 (2) by inserting after section 514B (as so re-
5 designated) the following section:
6 "LOCAL GRANTS FOR TREATMENT OF
7 METHAMPHETAMINE ABUSE AND RELATED CONDITIONS
8 "SEC. 514C. (a) IN GENERAL.—The Secretary may
9 make grants to political subdivisions of States and to non-
10 profit private entities for the purpose of providing treat-
11 ment for methamphetamine abuse, subject to subsection
12 (b).
13 "(b) CERTAIN SERVICES FOR CHILDREN.—In addi-
14 tion to the purpose described in subsection (a), a grant
15 under such subsection may be expended to treat children
16 for any adverse health condition resulting from a quali-
17 fying methamphetamine-related exposure.
18 "(c) DEFINITIONS.—For purposes of this section:
19 "(1) The term 'children' means individuals who
20 are under the age of 18.
21 "(2)(A) The term 'qualifying methamphet-
22 amine-related exposure', with respect to children,
23 means exposure to methamphetamine or other harm-
24 ful substances as a result of the proximity of the
25 children to the process of manufacturing meth-

1 amphetamine or the proximity of the children to as-
2 sociated contaminated matter.
3 "(B) The term 'associated contaminated mat-
4 ter', with respect to the process of manufacturing
5 methamphetamine, means food, water, air, soil,
6 equipment, or other matter that is contaminated
7 with methamphetamine or other harmful substances
8 as a result of the proximity of the matter to such
9 process.
10 "(d) FUNDING.—
11 "(1) AUTHORIZATION OF APPROPRIATIONS.—
12 For the purpose of carrying out this section, there
13 are authorized to be appropriated $10,000,000 for
14 fiscal year 2005.
15 "(2) ALLOCATION FOR CHILDREN.—Of the
16 amount appropriated under paragraph (1) for a fis-
17 cal year, not less than $2,500,000 shall be reserved
18 for carrying out this section with respect to chil-
19 dren.".

20 # TITLE III—ENFORCEMENT

21 **SEC. 301. AUTHORIZATION OF APPROPRIATIONS RELATING**
22 **TO METHAMPHETAMINE LABORATORY SEI-**
23 **ZURE STATISTICS.**

24 In addition to any other funds authorized to be ap-
25 propriated for fiscal year 2005 for the collection, aggrega-

1 tion, and dissemination of methamphetamine laboratory
2 seizure statistics by the El Paso Intelligence Center
3 (EPIC) of the Department of Justice, there is authorized
4 to be appropriated $2,000,000 for such purpose.

5 **SEC. 302. AUTHORIZATION OF APPROPRIATIONS RELATING**
6 **TO COPS GRANTS.**

7 (a) IN GENERAL.—In addition to any other funds au-
8 thorized to be appropriated for fiscal year 2005 for grants
9 under part Q of title I of the Omnibus Crime Control and
10 Safe Streets Act of 1968 (42 U.S.C. 3796dd et seq.),
11 known as the COPS program, there is authorized to be
12 appropriated $20,000,000 for such purpose to provide
13 training to State and local prosecutors and law enforce-
14 ment agents for prosecution of methamphetamine of-
15 fenses.

16 (b) RURAL SET-ASIDE.—Of amounts made available
17 pursuant to subsection (a), $5,000,000 shall be available
18 only for prosecutors and law enforcement agents for rural
19 communities.

20 (c) DEA REIMBURSEMENT.—Of amounts made
21 available pursuant to subsection (a), $2,000,000 shall be
22 available only to reimburse the Drug Enforcement Admin-
23 istration for existing training expenses.

1 **SEC. 303. EXPANSION OF METHAMPHETAMINE HOT SPOTS**
2 **PROGRAM TO INCLUDE PERSONNEL AND**
3 **EQUIPMENT FOR ENFORCEMENT, PROSECU-**
4 **TION, AND ENVIRONMENTAL CLEANUP.**

5 Section 1701(d) of the Omnibus Crime Control and
6 Safe Streets Act of 1968 (42 U.S.C. 3796dd(d)) is amend-
7 ed—

8 (1) in paragraph (10) by striking "and" at the
9 end;

10 (2) in paragraph (11) by striking the period at
11 the end and inserting "; and"; and

12 (3) by adding at the end the following new
13 paragraph:

14 "(12) hire personnel and purchase equipment to
15 assist in the enforcement and prosecution of meth-
16 amphetamine offenses and the environmental clean-
17 up of methamphetamine-affected areas.".

18 **SEC. 304. AUTHORIZATION OF APPROPRIATIONS RELATING**
19 **TO THE CLANDESTINE LABORATORY TRAIN-**
20 **ING.**

21 In addition to any other funds authorized to be ap-
22 propriated for fiscal year 2005 for the facilities and per-
23 sonnel used to operate the Clandestine Laboratory Train-
24 ing Facility of the Drug Enforcement Administrated, lo-
25 cated in Quantico, Virginia, there is authorized to be ap-
26 propriated $10,000,000 for such purpose (but to include

1 not more than 20 additional fulltime positions) to provide
2 training to law enforcement personnel of all the States,
3 the District of Columbia, the Commonwealth of Puerto
4 Rico, and the territories and possessions of the United
5 States.

6 **SEC. 305. LIABILITY OF PROMOTERS OF COMMERCIAL**
7 **DRUG-ORIENTED ENTERTAINMENT.**

8 (a) IN GENERAL.—The Controlled Substances Act is
9 amended by inserting after section 416 (21 U.S.C. 856)
10 the following new section:

11 **"SEC. 416A. PROMOTERS OF COMMERCIAL DRUG-ORI-**
12 **ENTED ENTERTAINMENT.**

13 "Whoever, for a commercial purpose, knowingly pro-
14 motes any rave, dance, music, or other entertainment
15 event, that takes place under circumstances where the pro-
16 moter knows or reasonably ought to know that a controlled
17 substance will be used or distributed in violation of Fed-
18 eral law or the law of the place where the event is held,
19 shall be fined under title 18, United States Code, or im-
20 prisoned for not more than 9 years, or both.".

21 (b) CLERICAL AMENDMENT.—The table of sections
22 at the beginning of the Comprehensive Drug Abuse Pre-
23 vention and Control Act of 1970 is amended by inserting
24 after the item relating to section 416 the following new
25 item:

"Sec. 416A. Promoters of drug oriented entertainment.".

1 **SEC. 306. STATEMENT OF CONGRESS REGARDING AVAIL-**
2 **ABILITY AND ILLEGAL IMPORTATION OF**
3 **PSEUDOEPHEDRINE FROM CANADA.**

4 (a) FINDINGS.—The Congress finds that—

5 (1) pseudoephedrine is one of the basic pre-
6 cursor chemicals used in the manufacture of the
7 dangerous narcotic methamphetamine;

8 (2) the Federal Government, working in co-
9 operation with narcotics agents of State and local
10 governments and the private sector, has tightened
11 the control of pseudoephedrine in the United States
12 in recent years;

13 (3) pseudoephedrine can only be purchased in
14 the United States in small quantity bottles or blister
15 packs; however, the widespread presence of large
16 containers of pseudoephedrine from Canada at meth-
17 amphetamine laboratories and dumpsites in the
18 United States, despite efforts of law enforcement
19 agencies to stem the flow of these containers into
20 the United States, demonstrates the strength of the
21 demand for, and the inherent difficulties in stem-
22 ming the flow of, these containers from neighboring
23 Canada; and

24 (4) Canada lacks a comprehensive legislative
25 framework for addressing the pseudoephedrine traf-
26 ficking problem.

1 (b) CALL FOR ACTION BY CANADA.—The Congress
2 strongly urges the President to seek commitments from
3 the Government of Canada to begin immediately to take
4 effective measures to stem the widespread and increasing
5 availability in Canada and the illegal importation into the
6 United States of pseudoephedrine.

○

Mr. SOUDER. This hearing will address potential solutions to the difficult issues surrounding the meth problem.

I am pleased to welcome two of my colleagues, Congressman John Boozman of Arkansas, and Congressman Ed Case of Hawaii, both of whom have taken a strong leadership role in the fight against meth.

To help us further discuss the Federal Government's response, we are also pleased to be joined today by Mr. Roger Guevara, Chief of Operations for the Drug Enforcement Agency [DEA]; Mr. John Horton, Associate Deputy Director of State and Local Affairs at the Office of National Drug Control Policy.

At the same time, it is also important for us to hear from the State and local agencies forced to fight on the front lines against meth and other illegal drugs. We welcome captain William Kelly, Commander of the Narcotics Division of the Sacramento County Sheriff's Department; Chief Brian Martinek of the Vancouver, Washington Police Department; and Sheriff Garry Lucas of the Clark County, Washington Sheriff's Office.

Mr. SOUDER. We thank everyone for taking time to join us this morning and look forward to your testimony. And I also want to say we have two witnesses here from Washington, because Congressman Baird has been an aggressive leader in putting together the Meth Caucus and working with us. We had a hearing a couple of years ago also, or maybe—I don't remember anymore, 2 years ago I think, that we had worked with him in pulling together as well.

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

Opening Statement
Chairman Mark Souder

"Facing the Methamphetamine Problem in America"

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

July 18, 2003

Good morning, and thank you all for coming. This hearing continues our effort to highlight federal responses to the problem of methamphetamine abuse. The problem most visibly has manifested itself locally in towns and rural areas across the country. But the array of meth-related problems, from small labs nationwide to so-called "super labs" in California, to the environmental consequences, to the social toll and cost of addiction, clearly are a significant national problem that requires increasing federal attention. Today we will consider how the federal government can best support efforts to control and prevent the abuse of methamphetamines across the country.

Meth is among the most powerful and dangerous stimulants available. The drug is highly addictive and has multiple side effects, including psychotic behavior, physical deterioration and brain damage, and carries a high risk of death by overdose. Unfortunately, it is also relatively easy to produce from common household chemicals and cold medicines.

The growth of the meth problem in the last decade, both in the number of addicts and the number of areas affected, has been particularly severe. What was once primarily a regional problem, concentrated mainly in southern and central California, has now spread across most of the U.S. Today, nearly every state and every

Congressional district has been forced to grapple with meth trafficking and abuse.

Meth comes from two major sources of supply. Most is produced in the "superlabs" in California and northern Mexico, which have accounted for over 70 percent of the nation's supply. The superlabs are operated by large Mexican drug cartels and outlaw motorcycle gangs that have used their established distribution networks to move meth throughout the country. These organizations import huge quantities of precursor chemicals like pseudoephedrine from Canada – a practice made necessary by tougher U.S. penalties against precursor diversion and effective enforcement by DEA and other law enforcement agencies.

The second major source of meth comes from small, local labs unaffiliated with major trafficking organizations. These labs have proliferated throughout the country, especially in rural areas. DEA reports that over 7,700 of 8,000 clandestine labs seized in 2001 were these smaller labs. The total amount of meth actually supplied by these labs is relatively small. The environmental damage and health hazard they create, however, make them a serious problem for local communities.

The federal government has already taken significant and effective action against the meth problem. The widespread growth of the problem, however, has spurred calls for further action. Most proposals have focused on the need to assist local law enforcement in finding and cleaning up the numerous small meth labs. A well-balanced approach, however, will have to address both the smaller labs and the major traffickers.

At the federal level DEA and other agencies will continue to take the lead in disrupting and dismantling the organizations behind the superlabs, in close cooperation with such state agencies as the California Bureau of Narcotics Enforcement, which has also played a leading and significant role in this area. These agencies need support and assistance, however, from additional state and local law enforcement to be truly effective. The High Intensity Drug Trafficking Areas (HIDTA) program is designed to foster this kind of cooperative effort against drug trafficking. HIDTA-funded initiatives have already

targeted many of the major superlabs and the distribution networks affiliated with them. This should continue to be a priority for the HIDTA program within the context of other national trafficking priorities.

Although the smaller labs do not have the same national impact on meth supply as the superlabs, the damage they cause is more widespread and is a significant concern that requires careful attention. The federal government must continue to explore how best to assist states and localities in finding and cleaning up these dangerous sites. Because the purpose of the HIDTA program is to reduce the national supply of drugs and not to deal primarily with local problems, a more inclusive and locally focused program is needed.

One proposal, offered by our colleague Congressman Ose, provides for a broad range of initiatives aimed at the meth problem. Among other things, HR 834 would provide funds to help states and localities find and clean up meth labs, including expanding assistance under the Community Oriented Policing Services (COPS) grant program. Additional resources for treatment and prevention at the local level are also made available. I am a co-sponsor of this bill and strongly support it.

This hearing will address potential solutions to the difficult issues surrounding the meth problem. I am pleased to welcome two of my colleagues, Congressman John Boozman of Arkansas and Congressman Ed Case of Hawaii, both of whom have taken a strong leadership role in the fight against meth. To help us further discuss the federal government's response, we are also pleased to be joined today by Mr. Roger Guevara, Chief of Operations for the Drug Enforcement Administration, and Mr. John Horton, Associate Deputy Director for State and Local Affairs at the Office of National Drug Control Policy.

At the same time, it is also important for us to hear from the state and local agencies forced to fight on the "front lines" against meth and other illegal drugs. We welcome Captain William Kelly, Commander of the Narcotics Division of the Sacramento County Sheriff's Department; Chief Brian Martinek of the Vancouver,

Washington Police Department; and Sheriff Barry Lucas of the Clark County, Washington Sheriff's Office. We thank everyone for taking the time to join us this morning, and look forward to your testimony.

Mr. SOUDER. I'd like to yield to Congresswoman Sanchez if you have any opening statement.

Ms. SANCHEZ. Thank you.

I'd like to thank Chairman Souder and Ranking Member Cummings for their great leadership in calling this important hearing today. Methamphetamine abuse has been the dominant drug problem in California for a long time and it has become a substantial drug problem in other sections of the West and Southwest as well. There are indications that its use is spreading to other areas of the country, including both rural and urban sections of the South and Midwest.

Methamphetamine is now a nationwide problem. In the year 2000, 44 States reported meth lab seizures. In 2001 there were over 1,300 labs seized, and 208 of those were in L.A. County alone. Over 50 of these were super labs. These are labs that have the capability of 10 pounds or more of meth.

Meth abuse is also on the rise. Nationwide seizures of meth labs have significantly increased, from 263 labs in 1994 to 8,462 labs in 2000.

Traditionally associated with white male blue collar workers, meth has spread to more diverse population groups that change overtime and differ by geographic area. Most recently it has become the drug of choice by this Nation's children. Methamphetamine abuse is claiming younger victims and destroying families. In 1999 meth use among youth nationwide included 3.2 percent of 8th graders, 4.6 percent of 10th graders and 4.7 percent of 12th graders.

Meth is not usually sold and bought on the streets like many of the other known illicit drugs. It is a little more pernicious. Users obtain their supplies of meth from friends and acquaintances. It is typically a more closed or hidden sale, prearranged by networking with those who produce the drug. Often it is sold by invitation only at all-night warehouse parties, or "raves." Most alarming is the emerging evidence that methamphetamine are being administered increasingly via the intravenous route. Injecting this drug puts the user at increased risk of contracting HIV and AIDS, hepatitis, and other infectious diseases.

We need to find a more effective way to curb the use of this drug and to stamp it out ultimately altogether. Much of the success will depend on support from Congress and our local law enforcement officers.

Again, I want to thank the chairman and ranking member for having this hearing. I would also like to welcome and thank each of the witnesses for being here today to discuss this important topic, and we really look forward to your testimony. I yield back.

[The prepared statement of Hon. Linda T. Sanchez follows:]

Opening Remarks-Facing the Methamphetamine Problem in America

Rep. Linda T. Sánchez

July 18, 2003

I would like to thank Chairman Souder and Ranking Member Cummings for showing great leadership in calling this important hearing today.

Methamphetamine abuse has been the dominant drug problem in California for a long time and it has become a substantial drug problem in other sections of the West and Southwest, as well. There are indications that it is spreading to other areas of the country, including both rural and urban sections of the South and Midwest.

- **Methamphetamine is a *nationwide* problem:** In 2000, 44 states reported meth lab seizures. In 2001, there were over 1300 labs seized and 218 in LA County alone. Over 50 of these were "super" labs. These are labs that had the capability of 10 lbs. or more of "meth."

- **Meth abuse is on the rise:** Nationwide, seizures of meth labs have significantly increased, from 263 labs in 1994 to 8,462 labs in 2000.

Traditionally associated with white, male, blue-collar workers, "meth" has spread to more diverse population groups that change over time and differ by geographic area. Most recently, it has become the drug of choice by this nation's children.

- **Methamphetamine abuse is claiming younger victims and destroying families:** In 1999, Meth use among youth nationwide included 3.2% of eighth graders, 4.6% of tenth graders, and 4.7% of twelfth graders.

"Meth" is not usually sold and bought on the streets like many of the other known illicit drugs. Users obtain their supplies of "meth" from friends and acquaintances. It is typically a more closed or hidden sale, prearranged by "networking" with those producing the drug. Often it is sold "by invitation only" at all-night warehouse parties or "raves."

Most alarming is the emerging evidence that methamphetamine are being administered

increasingly via the intravenous route. Injecting this drug puts the user at increased risk contracting HIV/AIDS, hepatitis, and other infectious diseases. We need to find more effective ways to curb the use of this drug. Much of this success will depend on support from Congress and our local law enforcement officers.

Again, I would like to thank the Chairman and Ranking Member for having this hearing. I would also like to welcome and thank each of the witnesses for being here today discuss this important topic and look forward to your testimony.

Mr. SOUDER. Thank you.

I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record, that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

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

Our first panel is composed of our colleagues, Representative Boozman and Representative Case. This committee usually asks witnesses to testify under oath. By tradition, we do not administer an oath to Members of Congress because we take the oath when we are first sworn in, so it is covered in committee hearings. So you'll each be recognized for 5 minutes.

So, Congressman Boozman, welcome, and we'll start with your statement.

STATEMENT OF HON. JOHN BOOZMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARKANSAS

Mr. BOOZMAN. Thank you, Chairman Souder. Chairman Souder, Ranking Member Cummings and members of the committee, I want to thank you for allowing me to testify this morning on a very important issue to Arkansas, methamphetamine. Methamphetamine poses problems of epidemic proportions across the country. My own State of Arkansas has the highest number of meth lab seizures per capita in the Nation. Arkansas has become a crossroads for meth production and trafficking, making meth one of the top law enforcement problems in the State.

As a father of three daughters and a former member of the Rogers School Board, I am very aware of our Nation's drug problems. Years ago the problem seemed like something that was far from the small towns and communities of my State. Today that has all changed. The National Center for Addiction and Drug Abuse has reported that the rate of drug abuse among teens in rural America is now higher than in the Nation's large urban centers. At the same time, mid-sized cities and rural areas are less equipped to deal with the consequences of drug use. In a survey of the counties in my district, law enforcement reported that an estimated 75 percent of all crime is related to methamphetamine.

As we all know, drug use is not a victimless crime. Yesterday I heard a report of an 18-year-old girl who turned her parents in for cooking meth in their home. Her parents had been cooking meth for years, and yet she waited until her 18th birthday to turn her parents in, because she wanted to be in a position to have the ability to take custody of her younger brother and sister.

In another case, police raided a heavily armed meth lab and discovered that a baby living in the drug trailer had been left alone and eaten the drugs left strewn about the trailer. I can tell you countless stories like these, because meth is an incredibly powerful drug and very destructive. Meth is a long-lasting drug that produces the high for 9 to 12 hours. Persons using meth frequently stay awake for several days. The sleep deprivation, combined with

the effects of the drug causes meth-induced psychosis that in turn leads to violence, paranoia, aggressive behavior, sexual abuse and drug abuse to children.

There is a proven correlation between the use of meth and domestic violence. So not only is this a destructive drug to the user, but the ultimate results are spouses being battered and abused and young children being neglected and sometimes abandoned altogether.

The destruction this drug causes is far-reaching, and we have to remember that the rural areas where meth use is most predominant do not have the means to deal with the problem. There is no doubt that additional resources are needed to combat the damage that is being done.

This really becomes clear when you look at the Arkansas statistics on meth labs. In 1994, a total of 6 meth labs were seized in Arkansas. In 2002, 955 labs were seized, and today law enforcement officials have busted 25 percent more labs than they did at this time last year. You can clearly see that the meth problem in Arkansas has escalated and truly reached epidemic proportions.

So I guess the question is, what can we do to help? After talking to everyone in my district, from the State police and local sheriffs to county judges, drug courts, prosecutors, treatment facilities, I believe we must facilitate a balanced approach to combating the problem of meth. This approach must include demand reduction, prevention, enforcement and treatment. We must educate the public, reduce the availability of ingredients, provide the resources for law enforcement, and then make the effort to fully rehabilitate the addicts.

This is why I'm a proud cosponsor of H.R. 834, the Clean-Up Meth Act. This bill, as the chairman mentioned, authorizes grants for educational purposes, provides law enforcement with grants for training and equipment acquisition, and it also authorizes grants for treatment. I'm pleased that Mr. Ose's legislation takes a balanced approach in combating such a broad and difficult problem.

Mr. Chairman, I appreciate this opportunity to speak for the Third District of Arkansas and give you a brief glance of the magnitude of the problem, and I give my greatest thanks to all the officers, agents, prosecutors, judges, and counselors who are on the front lines fighting against meth today. Thank you.

Mr. SOUDER. Thank you for your testimony.

[The prepared statement of Hon. John Boozman follows:]

Testimony of Congressman John Boozman

United States House of Representatives
Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources

"Facing the Methamphetamine Problem in America"
July 18, 2003

Chairman Souder, Ranking Member Cummings and Members of the Committee, thank you for allowing me to testify before you this morning on the important issue of methamphetamine.

Methamphetamine poses problems of epidemic proportions across the country. My own State of Arkansas has the highest number of meth lab seizures per capita in the nation. Arkansas has become a crossroads for meth production and trafficking, making meth one of the top law-enforcement problems in the state.

As a father of three daughters and a former member of the Rogers School Board, I am very aware of our nation's drug problem. Years ago, the problem seemed like something that was far from the small towns and communities of my state. Today, that has all changed.

The National Center for Addiction and Substance Abuse has reported that the rate of drug use among teens in rural America is now higher than in the nation's large urban centers. At the same time, mid-size cities and rural areas are less equipped to deal with the consequences of drug use.

In a survey of the counties in my district, law enforcement reported that an estimated 75% of all crime is related to methamphetamine. As we all know, drug use is not a victimless crime. In fact, most people arrested for meth related crimes in my region have small children. Just yesterday I heard a report of an 18-year-old girl who turned her parents in for cooking meth in their home. Her parents had been cooking meth for years, but she waited until after her 18th birthday to turn her parents in because she wanted to have the ability to take custody of her younger brother and sister. In another case, police raided a heavily armed meth lab and discovered that a baby living in the drug trailer had been left alone and had eaten the drugs left strewn about the trailer. Clearly, this should serve as a wake-up call to parents, community leaders and policy makers across the country. There is no doubt that additional resources are needed to combat the damage that is being done to our society.

This becomes clear when you look at the statistics. In 1994, a total of 6 meth labs were seized in Arkansas. In 2002, 955 labs were seized. And, today, law enforcement officials have busted 25% more labs than they did this time last year. The average cost to clean up a lab in Arkansas is $1,900 and that is in addition to the equipment and training

needed for local law enforcement to even be able to safely enter the crime scene. After the DEA and local law enforcement have removed the physical hazardous materials from the crime scene, the area is still contaminated from the chemicals and requires further mitigation by the property owner. When you sell your home in Arkansas, part of the realtor's disclosure is whether or not your property has been contaminated by a meth lab. You can clearly see that the meth problem in Arkansas has reached epidemic proportions.

What can we do help?

After talking to everyone in my district from the state police and local sheriffs to county judges, drug courts, prosecutors and treatment facilities - I believe we must facilitate a balanced approach to combating the problem of methamphetamine in America. This approach must include demand reduction, prevention, enforcement and treatment. We must educate the public, reduce the availability of ingredients, provide the resources for law enforcement and then make the effort to fully rehabilitate the addicts.

This is why I am a proud co-sponsor of H.R. 834, the CLEAN-UP Meth Act. This bill authorizes grants for educational purposes, creates tougher penalties for offenders, provides law enforcement with grants for training and equipment acquisition, and it also authorizes grants for treatment. I am pleased that Mr. Ose's legislation takes a balanced approach in combating such a broad and difficult problem.

Mr. Chairman, I appreciate this opportunity to speak for the Third District of Arkansas and give you a brief glimpse of the magnitude of the problem we are dealing with on a daily basis. I commend your Committee for focusing on this problem and I give my greatest thanks to all of the officers, agents, prosecutors, judges, and counselors who are on the front lines fighting against methamphetamine everyday.

Thank you.

Mr. SOUDER. Congressman Case.

STATEMENT OF HON. ED CASE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF HAWAII

Mr. CASE. Chair Souder, members of this subcommittee, good morning and "Aloha." Before I go on, Chair, I think it's appropriate to wish you a happy birthday if I'm not mistaken.

Mr. SOUDER. Once we're past 50, though, we don't really——

Mr. CASE. I have that problem myself, so I'm not saying anything about when you were born, just that today is your day.

Chair, you have my written testimony, and I also asked members of my community throughout Hawaii to comment. Members that are on the front lines, they are submitting testimony, and I'd like to have this committee's consent both to insert my written testimony in the record as well as theirs, so long as it is received by the committee's deadline.

Mr. SOUDER. Without objection, so ordered.

Mr. CASE. Thank you very much, Mr. Chair. Mr. Chair and members, my Hawaii and the communities that I represent, which are primarily as you've already noted the rural communities of my State, are at war; and the war is against methamphetamine. In Hawaii more particularly, this war is against the synthetic crystallized form of methamphetamine which is almost 90 percent pure, which is also known as ice.

The statistics in Hawaii, like those in Arkansas and across the rest of the country, are really quite chilling. In Hawaii now, we now have the highest rate of adults who have tried ice in some form. In the last 2 years we have seen deaths associated with ice use almost double. In the last couple of years, we have seen the rate of homicide associated with ice use go up to 40 to 50 percent by some calculations, and as my colleague has already noted, it is a major ingredient of domestic abuse. We estimate in Hawaii up to 90 percent now of all child abuse cases are somehow related to ice.

We have seen an increase in violent and property crime associated with ice. This is going up. We've had several high-profile violent crimes just recently in Hawaii that are ice-related. We have seen whole families and communities torn apart. Each one of us in our work and our communities knows of a family that has seen an incredible market deterioration in this family structure because one or more of it members have become addicted to ice.

I think the reasons are not really rocket science to any of us. First of all in the big picture, wherever economies are weak and opportunities are lacking, chances are that some form of drug abuse will take hold. So all of our efforts—and we're all committed to that in this Congress to improve our economy and to provide opportunity—are also going to have an impact on drug abuse and ice abuse in particular.

Like any other drug, but particularly with ice, anything we can do to get to people before they start to use ice is a valuable, incredibly important ingredient, and it's incredibly important as we see the incidence of first-time drug users really go down. We now have significant numbers, chilling numbers of sixth, seventh and eighth graders that have had exposure to ice and may be using it. So

when we can provide education to them before they start using it, that's valuable.

Law enforcement is so important, to be out there on the front lines in really the Federal side of things going after the dealers, a coordinated law enforcement. So your comments on the High-Intensity Drug Trafficking Area initiative are particularly relevant.

And like my colleague, I believe in rehabilitation. For too long many ice users, frankly, have been written off in favor of the other side of the equation. We can't do that. If we don't rehabilitate, they go out, they continue to use. And I think the coordination is key. We have so many ingredients that need to go into the fight against ice, whether it's law enforcement or Federal, State, local or law enforcement, social services, nonprofits, all the way across the board, everybody wants to help. They need the coordination, and that is really what we need most of. Where I think the Federal Government can really contribute is through law enforcement, No. 1; and No. 2, coordination, helping communities coordinate.

As chilling as this is in Hawaii, we've also seen some incredibly encouraging signs—and I pass along to this committee and I think that they are not unlike what is going on in other communities—first of all, we have seen good education down at the school level. Several great programs: No Hope and Dope, which many of our law enforcement communities are so personally vested in, to other very unique examples; such as in my own State of Hawaii where a very popular comedian by the name of Frank DeLima has a way of communicating with kids that perhaps none of us can. And he goes into the schools and says in a very comedic way, hey, you can't do this. Now, that kind of stuff is unusual, but it works.

I've already talked about Federal coordination. We're all familiar with Weed and Seed. The Weed and Seed program is a Federal effort to coordinate whole communities against drug abuse. In Hawaii we have taken high-crime communities where we've had incredible drug abuse, and we've taken, with our U.S. attorneys, the Weed and Seed program and applied them. That program works. If we can expand that, it will be good.

Finally, community involvement. My colleague talked about community involvement. I'm convinced that when communities stand up and say no, whole communities say no, that is the most effective thing that we can do. And anything we can do to facilitate whole communities to say we're not going to take this anymore is effective; because law enforcement can do it up to a point, but if communities are not willing to pick up and run with the ball, chances are it won't be lasting. We've seen incredible results from my communities, places like Kahaluu on Oahu, Kauai, Maui. And just 2 days ago on my home big island, we saw 1,000 people out sign-waving on one particular day, communities around that island basically increasing public awareness. These things work.

So I concur with my colleague on where we need to go from here. The Federal Government can help with basic coordination of all of these efforts. The Federal Government certainly needs to help with the basics of law enforcement. This is a national and international problem, and State and local law enforcement is not able to coordinate and provide a united front against all of the ramifications of ice manufacture and use.

And finally, rehabilitation is very important. I support representative Ose's bill as well. I'm a cosponsor as well. I support the great work of this subcommittee and all of us in Congress. I think we can do this job if we just continue to turn to it, and I thank this subcommittee's attention to this really important issue and thank you for the opportunity to share some thoughts.

[The prepared statement of Hon. Ed Case follows:]

FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

TESTIMONY OF CONGRESSMAN ED CASE
BEFORE THE HOUSE GOVERNMENT REFORM COMMITTEE
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

July 18, 2003

Chairman Souder, Ranking Member Cummings, and members of this Subcommittee, good morning and aloha! I appreciate the opportunity to testify today on the crucial issue of Facing the Methamphetamine Problem in America.

General drug abuse, of course, has plagued many of our communities for decades. To target what is needed to prevent this abuse now and in the future, we must first understand what causes it and then focus our efforts on overcoming those causes. And uniquely, it is up to our federal government to take the lead on the issue as it is the only entity with the resources and ability to coordinate the indispensable multi-pronged approach to stamping out drug abuse. I commend Chairman Souder and Ranking Member Cummings for your leadership on this issue.

First, let's be clear. We know that the roots of drug abuse lie largely where educational and economic opportunity are lacking and the social and community fabric are torn. Thus, in the big picture and long term, our best efforts to stamp out drug abuse lie in fixing our economy, improving our schools, and strengthening our families and communities.

But where drug abuse has taken hold, there are four basic causes. The first is insufficient education of our young people on the danger of drugs before they start. The second is law enforcement's inability, usually because of lack of resources, to catch, prosecute and lock up the worst offenders, mainly the dealers. The third is a community's lack of community-wide involvement in prevention and elimination. The fourth is a lack of sufficient rehabilitation programs to give abusers a second chance and bring them back into society.

All of this is true in spades with the drug of the moment: methamphetamine. In the case of my home state of Hawai'i, it is the crystallized form better known as "ice."

Hawai'i was one of the first places in the country where the drug made its appearance; ice began arriving in Hawai'i in large amounts in 1985. Due to its highly addictive properties, as it is almost 90% pure in this form, Hawai'i now has the nation's highest rate of adults who have tried ice.

Deaths in Hawai'i attributed to ice have almost doubled in two years. Ice can be directly linked to 44% of the homicides and 90% of the child abuse cases in our state. Property crime rates have also experienced similar increases. The saddest and most alarming statistics are from the year 2000, when 6% of 12th graders, 5% of 10th graders, 2% of 8th graders, and 1% of 6th graders reported that they have tried a form of methamphetamine at least once. It is my belief that the trends and experiences of my state are all too soon spreading throughout our nation.

The scourge of ice is an absolute top priority in Hawai'i's immediate drug elimination efforts. On education, our schools and communities are increasingly focusing on working with our youth to show the devastation that ice can cause and is causing. Our law enforcement community is starting to focus much more on attacking ice dealers. All of our needs now include some elements of rehabilitation.

Most encouraging, whole communities are rising up across our state to say: yes, ice is our problem, and we must all be part of the solution. Kahalu'u on the Island of O'ahu was the first community to hold "ice breaker" meetings and start sign-waving efforts. In May of this year, the Island of Kaua'i held its first of five regional drug summits. My own home island, the Big Island of Hawai'i, recently kicked off an islandwide "Hugs Not Drugs" sign-waving campaign with over one thousand citizens from twenty-three communities and neighborhoods participating in the first event.

But so much more needs to be done to support these community efforts. The Federal Bureau of Investigation and Drug Enforcement Administration need to station a permanent agent on each island that currently does not have a federal presence in order to focus federal law enforcement efforts and assist in coordination with county police. I have advocated for an increase in funding for the High Intensity Drug Trafficking Area program in Hawai'i in order to expand its current jurisdiction to include Guam and the Commonwealth of the Northern Mariana Islands. And general coordination efforts, which are indispensable, are severely underfunded.

In closing, Mr. Chairman, I want to reiterate my full-fledged support and the support of my state for the campaign to end drug abuse, and in particular to address the ice epidemic in Hawai'i. Many of Hawai'i's political leaders and members of our law enforcement community have long worked on this issue, but additional federal resources and support are needed in this fight so we can overcome the plague of ice and work to eliminate the abuse of other harmful drugs as well.

I look forward to working with all of you on this issue. Mahalo, Mr. Chairman, for this opportunity to address the Subcommittee.

###

Mr. SOUDER. Thank you.

I'm going to yield next to Mr. Ose, who we've been referring to. He's been a leader in the meth issue and has the bill, and is one of the more senior members of this committee, and had another hearing scheduled today, and I appreciate him for leaving the chair a little bit to come over here. And if you'd like an opening statement, and to begin the questions as well.

Mr. OSE. Well, thank you, Mr. Chairman. I am pleased to be here. I do have another hearing, so I'm going to be running back and forth. I want to submit my statement for the record.

I do want to recognize Captain William Kelly who is the Commander of the Narcotics Division of the Sacramento Sheriff's Department. He'll be testifying in our third panel.

This is an issue I think, as Congressman Case highlighted, where those of us in our respective communities who have positions of leadership, as Mr. Cummings has done in Baltimore and so many others across the country, those of us in positions of elected leadership can say this drug abuse problem is bad, it is something we need to speak out on, and we need to confront it directly. It is killing our young people and destroying our neighborhoods. As Congressman Case said, that is an appropriate purpose for which we can each use our offices.

And I do want to share with you that the Cleanup Meth Act, H.R. 834, now has 113 cosponsors. Virtually everybody on your subcommittee, Mr. Chairman, has signed on, and obviously a host of others. We hope to move it through Mr. Gillmor's subcommittee over on Energy and Commerce Committee next, and then just proceed accordingly. The regrettable part is that there are referrals to an additional six full committees of the House, and we'll need everybody pulling in the same direction to make this thing work.

You know, when I came to Congress before I was even sworn in, Chairman Burton, who sat in the full committee's chair at that time, my first introduction was to my plaintive request of him to put me on this subcommittee. This is the one subcommittee I asked to be on and which I have sustained my membership on accordingly.

Mr. Chairman, your work on this has been noted. I'm pleased to be here. I'm pleased to be here, because this issue is so important. And today is your birthday. So happy birthday, Mr. Chairman.

Mr. SOUDER. Thank you.

Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman, and I'm very pleased that you have called this hearing. Methamphetamine, or meth, is one of the major drug threats facing our Nation today. A powerful stimulant that affects the central nervous system, meth is derived from amphetamine, a compound which is contained in over-the-counter nasal decongestants and bronchial inhalers and also used in certain medical applications including weight loss treatments. Meth is a drug that can be smoked, snorted, orally ingested or injected, and is known by a variety of street names depending upon the form in which it is used. Meth often comes in a powder form and resembles granulated crystals and in a rock form known as "ice," which is preferred by those who smoke the drug.

Ingesting meth causes the release of high levels of dopamine into the section of the brain that controls the feeling of pleasure. The result is an intense rush and a high that can last up to 12 hours. The side effects of meth use are dangerous and sometimes even fatal. They include convulsions, high body temperature, stroke, cardiac arrhythmia, stomach cramps and shaking. Meth can be addictive, and abuse of the drug can cause violent behavior, anxiety, insomnia, in addition to psychotic effects such as paranoia, hallucinations, mood swings and delusions.

Persistent users develop a tolerance for the drug that requires a user to take increasing amounts to achieve the desired effects. As a result, such users can suffer damage to the dopamine-producing cells of the brain. Unlike drugs such as cocaine and heroin, which are produced from plants entirely out of the United States, methamphetamine can be manufactured using ingredients purchased in U.S. retail stores. Most of the production of U.S. consuming methamphetamine is domestic, perhaps as much as 75 percent coming from labs in California.

U.S. production today occurs in both super labs, which produce unprecedented amounts of high-purity methamphetamine, and clandestine labs small enough to be found in apartments, motel rooms, rented storage spaces and trucks.

Many clandestine labs produce as little as 10 pounds of meth a year, but their impact on the environment and the cost of cleaning up these sites can be huge. Collectively, clandestine labs produce over 20 metric tons of toxic waste each year, and individual labs can cost from a few thousand to more than $100,000 to clean up depending upon their size. Because the ingredients are not only toxic but extremely volatile in combination, labs also pose a serious danger to people who may live in the immediate vicinity of the activity, including the children of small-scale manufacturers.

Drug Enforcement Agency estimates show that meth production and trafficking are rampant in the West and Midwest regions of our country. Traditionally, meth has been concentrated in the Western States, especially California, Arizona, Utah.

In recent years the Midwest region has experienced tremendous growth in both trafficking and production, and that activity is spreading into the southeast and northeast regions. The majority of operations in the western region are controlled by Mexican drug trafficking organizations based along the California-Arizona border.

Meth abuse has not yet become a major problem in the communities of Baltimore and Howard Counties that I represent in Maryland. Heroin, following in the footsteps of a devastating crack-cocaine epidemic, is the primary drug threat in my congressional district; but the rapid spread of meth production, trafficking, and abuse in the United States underscores the fact that America's drug problem affects all parts of this Nation, as well as the sad but undeniable truth that no community is immune to the introduction of a dangerous new drug threat.

Today's hearing offers an opportunity to hear from two of our colleagues, and law enforcement officials at the Federal, State, and local levels, concerning the challenges faced by communities affected by meth and methamphetamine crime, efforts to combat the

meth problem and the additional resources that Congress should consider providing to assist those efforts.

I thank you, Mr. Chairman, for continuing to shine a light on the issue in this subcommittee. I look forward to hearing from our—the testimony of our witnesses, and I want to thank all the Members of Congress who have brought this to our attention.

I want to thank Mr. Ose, certainly Mr. Boozman and Mr. Case, because we in this subcommittee take this very seriously. We have seen our communities harmed tremendously. We have traveled throughout this country and seen the harm that drugs have done to so many people. We have seen the way that drugs have stomped out not only dreams but lives. And so it is with great pleasure that we work on this problem. We're sorry we have to work on it, but we're going to do everything that we can to work with you all to try to resolve this issue.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Elijah E. Cummings follows:]

Opening Statement of Representative Elijah E. Cummings, D-MD
Ranking Minority Member
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives
108th Congress

Hearing on "Facing the Methamphetamine Problem in America"

July 18, 2003

Mr. Chairman,

Methamphetamine, or "meth," is one of the major drug threats facing our nation.

A powerful stimulant that affects the central nervous sytem, meth is derived from amphetamine, a compound which is contained in over-the-counter nasal decongestants and bronchial inhalers and also used in certain medical applications, including weight loss treatments. Meth is a drug that can be smoked, snorted, orally injested, or injected, and is known by a variety of street names, depending upon the form in which it is used. Meth often comes in a powder form that resembles granulated crystals and in a rock form known as "ice," which is preferred by those who smoke the drug.

Ingesting meth causes the release of high levels of dopamine into the section of the brain that controls the feeling of pleasure. The result is an intense rush and a high that can last up to twelve hours. The side effects of meth use are dangerous and sometimes fatal; they include convulsions, high body temperature, stroke, cardiac arrhythmia, stomach cramps, and shaking.

Meth can be addictive and abuse of the drug can cause violent behavior, anxiety, and insomnia, in addition to psychotic effects such as paranoia, hallucinations, mood swings, and delusions. Persistent users develop a tolerance for the drug that requires the user to take increasing amounts to achieve the desired effects. As a result, such users can suffer damage to the dopamine-producing cells of the brain.

Unlike drugs such as cocaine and heroin, which are produced from plants cultivated entirely outside of the United States, methamphetamine can be

manufactured using ingredients purchased in U.S. retail stores. Most of the production of U.S.-consumed methamphetamine is domestic -- perhaps as much as 75% coming from labs in California.

U.S. production today occurs in both "superlabs," which produce unprecedented amounts of high-purity methamphetamine, and "clandestine" labs small enough to be found in apartments, hotel rooms, rented storage spaces, and trucks. Many clandestine labs produce as little as ten pounds of meth a year, but their impact on the environment, and the cost of cleaning up these sites, can be huge. Collectively, clandestine labs produce over 20 metric tons of toxic waste each year, and individual labs can cost from a few thousand to more than a hundred thousand dollars to clean-up, depending upon size. Because the ingredients are not only toxic, but extremely volatile in combination, labs also pose a serious danger to people who may live in the immediate vicinity of the activity, including the children of small-scale manufacturers.

Drug Enforcement Agency estimates show that meth production and trafficking are rampant in the West and Midwest regions of the country. Traditionally, meth has been concentrated in the Western states, especially California, Arizona, and Utah. In recent years, the Midwest region has experienced tremendous growth in both trafficking and production, and that activity is spreading into the Southeast and Northeast regions. The majority of operations in the West region are controlled by Mexican drug trafficking organizations, based along the California-Arizona border.

There is also a significant problem with meth being imported from abroad, including from Asia. Our colleague, Representative Ed Case of Hawaii, will testify on our opening panel about the devastating impact of "crystal" meth imported to Hawaii from Korea and Japan, in addition to the so-called "yaba" pills that originate in Thailand. We'll also hear from Representative John Boozman concerning the impact of meth on his district in Arkansas.

Meth-abuse has not yet become a major problem in the communities of Baltimore and Howard Counties that I represent. Heroin, following in the footsteps of a devastating crack cocaine epidemic, is the primary drug threat in my congressional district. But the rapid spread of meth production, trafficking, and abuse in the United States underscores the fact that America's drug problem affects all parts of America, as well as the sad but

undeniable truth that no community is immune to the introduction of a dangerous new drug threat.

Today's hearing offers an opportunity to hear from two of our colleagues, and law enforcement officials at the federal, state, and local levels, concerning the challenges faced by communities affected by meth and meth-induced crime, efforts to combat the meth problem, and the additional resources that Congress should consider providing to assist those efforts.

Thank you, Mr. Chairman, for continuing to shine a light on this issue in the Subcommittee. I look forward to hearing the testimony of our witnesses and applaud each of them for their various efforts to combat this problem.

Mr. SOUDER. Ms. Norton.

Ms. NORTON. Thank you, Mr. Chairman. May I thank you, Mr. Chairman, for this hearing, and may I thank Mr. Ose for his leadership on this issue, and our colleagues for the strong leadership and attention they are giving to this issue.

I appreciate that we are moving now on a drug which, as my good colleague from Baltimore says, is not as prevalent in this particular region. But I hope we have learned the lesson about the kind of country we live in, with porous borders. This drug is particularly dangerous, because you can make it in the United States in makeshift laboratories so easily.

When we speak about heroin and crack, we are often dealing with supply and demand and suppliers from outside the country and having arguments over who is to blame for demand or the suppliers. If there wasn't any other country in the world but the United States, we'd have this problem, because with very little expertise you can produce meth right here. And therefore the danger to our children, to young people who seem to be drawn to methamphetamine, is particularly noteworthy. The notion that motorcycle gangs once were the suppliers and that now it has already moved to suburban communities ought to tell us all we need to know. The notion that we associate meth with the West or certain parts of the Midwest ought to tell those in the East that it can't be long contained there.

So your work to assist localities to focus on this issue now, to get rid of these meth labs, is very much appreciated in this region where this is not a major problem. And I thank you very much for your leadership, Mr. Chairman.

Mr. SOUDER. Thank you. Mr. Ruppersberger.

Mr. RUPPERSBERGER. First, thank you for having the hearing. We all know the issues of having methamphetamine. I'm looking forward to the testimony.

Mr. Boozman and Mr. Case, I recently had a conversation with a member of the Baltimore County Police Department drug unit, and, again, as has been stated, in the Baltimore area, our problems are more in the heroin/cocaine area, but we have had some incidents of methamphetamine labs. Just about a month or so ago in another county, there was a drug bust involving a lab.

I think a lot of the issue can be in the area of education also. Many misinformed individuals use methamphetamine drugs for what they consider to be practical purposes. Some users, mainly teenage girls, take methamphetamine to lose weight. Others use it to combat fatigue. And it is pivotal to the welfare of these people that they receive proper education on the effects of methamphetamine. It directly threatens the health of not only the users of this substance but also the residents of the communities where it is produced. It is imperative that national programs targeting the trafficking networks and production facilities of major meth manufacturers are adequately funded.

In addition, Congress must reinforce its commitment to combating the drugs, combating the domestic narcotics trade at the local level, by fully funding the COPS grant program and similar initiatives.

Thank you.

Mr. SOUDER. I'm going to ask a few questions and then we'll see whether some of the others have questions. Let me thank you both for your leadership on both sides of the aisle. As you can see from this subcommittee, this is a very bipartisan subcommittee. We've moved the ONDCP bill through, which is pending coming to the floor in a unanimous way. We accommodate each other, because this needs to be a bipartisan effort as we tackle narcotics problems.

Unfortunately on the Republican side, I have seven subcommittee chairs, I think, as members of my subcommittee, because it is highly sought after. We're all the time having other hearings, but they've been very aggressive in support of these different things, and will be in and out today as well.

There were a couple of things that kind of jumped out from your testimony when you both did so earlier. One, Mr. Boozman, you said that 75 percent of all crime, an estimate from your local law enforcement, is related to methamphetamine. Sometimes we hear that in relationship to all narcotics, but I've never heard a figure that high in any particular area related to just meth.

Mr. BOOZMAN. Yes. We surveyed—really called everybody we could think of, and that was the figure that kept coming up, which really shocked me.

The other thing that shocked me was the fact that, our labs in all of Arkansas were 6 labs in 1994, 955 labs today—or last year. And then growing at a 25 percent increase this year. So what we're finding is that people that—once they become addicted to meth tend to beat their families. They become very—they do a lot of things that are antisocial, causing other crime. And so that really is for real, according to the folks that we're talking to. That is a for-real statement.

Mr. SOUDER. One of the things we're trying to do within our subcommittee, among other challenges we're trying to do in the next year, is come up with individual faces and names with some cases. And if your law enforcement agency would help us with the meth where we—it is just like after September 11. It was so much more powerful when you could see the real people who lost their lives because of terrorism. And we have 30,000 in narcotics in the United States, and to call attention to a problem like meth, the individual stories, individual cases, same as Mr. Case in Hawaii; if you could help us with that, I think we can get more support for the efforts we need for the adequate funding levels that we need on these type of programs.

Also in talking to some of the judges in Indiana, one of the things they said is we tend to think of it related to violent crime and not necessarily—I wanted to ask Mr. Case in just a minute about the 90 percent of child abuse. We don't necessarily think of—my understanding is because it has such an impact on people's ability to hold a job, that child support and divorce and even in the civil courts they are seeing it, not just in the criminal courts, as a huge problem. Have you heard that in Arkansas as well?

Mr. BOOZMAN. Well, I think you're right. You know, I gave the illustration of the 18-year-old, that both of her parents were using, you know, and she waited till she turned 18 so she could take custody of her siblings who she was taking care of prior to that time. So it really is very devastating to the families, you. And that fam-

ily, they were just blessed to have somebody like that was kind of the adult in the family. But you can see how that translates to other situations where you don't have a strong—and so very much, so our shelters are full of kids, not only the—I mentioned the spousal abuse but also the neglect that comes from the children. They just don't care about them once they get really into this thing.

Mr. SOUDER. In the last cycle we focused heavily—did a series of border hearings around the United States and did a report. We've clearly—because of ONDCP reauthorization coming through this committee—have focused a lot on the height of programs and a number of things related to that, the national lab campaign, focused a lot on Colombia, but we have—while we've had regular hearings, we're going to focus more intensely in the next cycle on—next year on both treatment and prevention programs.

And, Mr. Case, you alluded to several specifics in prevention programs. I would be interested also in treatment programs if for the written record and for potential future hearings that we're working on, if there is anything in particular they are doing on meth in the Drug-Free Schools programs or in the drug treatment programs that is targeted around that.

Often we tend to have general programs or different approaches that work very well, PRIDE and DARE, and different regionalized approaches, but we're also looking for examples. And the same would be true in Arkansas, where a particular problem is greater, of a program aimed especially at that subgroup that is targeted toward the young people who are heavily at risk. Often I feel our programs—and that is one of the reasons we've had mixed success around the country in some prevention and treatment programs, particularly in prevention, is they are more generic and they aren't necessarily targeted for the nuances of different markets around the United States. That has been particularly true in urban areas where the programs may not be targeted to the neighborhoods or the different subgroups, but it also can be true in rural areas and around drugs. And I wondered if you had any comments about that and could supply us some particulars from your home State.

Mr. CASE. Well, first of all, I think you're following exactly the right train of thought and analysis, and I will submit—and some of the written testimony that I already have from the people in my State goes directly to the questions that you have, that we have an outstanding U.S. attorney, Ed Kub, who has very much taken this on. We have great prosecutors such as Peter Carlisle on the island of Oahu who has really taken this on. We have incredible people involved in all aspects of the attack on ice.

The specific question that you asked I think is entirely relevant. The programs that work best, I think we all know this, but perhaps sometimes it gets lost in the Federal Government/State government shuffle, is that programs that are targeted to the listener are the programs that work best; and so you can't have a one-size-fits-all program. You have to have a program that has sufficient flexibility to be—to adjust to the local—to the local potential, as you say, at-risk person.

In Hawaii, as an example in my rural areas, we have vast differences in terms of our population constituencies. We have ethnic differences. We have immigrant communities versus nonimmigrant.

We have lower income, higher income, and each one of those, it seems to me, takes a tailored approach; and that is why I wanted to talk about the program that, again, Mr. Frank DeLima had come up with, because he's somebody that obviously relates. That's the whole point: Can you relate? If you just get in there and send somebody in from Washington and say, "Don't use ice," it ain't going to work. Get somebody that they know into the schools that they relate to. It does work.

I can give you those examples and I will find those examples for you. But in concept, I don't think it's much different than programs that are working very well in the rest of the country on prevention. I think, just to repeat it, the frightening thing about it is that those programs have to move farther and farther down in the schools at this point, because basically ice is chasing our kids down farther and farther. So you've got to get to them earlier and earlier. So those programs have to be also age-appropriate.

Mr. SOUDER. Ms. Sanchez, do you have any questions of the witnesses?

Ms. SANCHEZ. No questions at this time. Thank you.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. Yes.

Congressman Boozman, I was just looking at this. This is a very interesting statement, and the thing about—the statement about the 18-year-old girl turning her parents in, I was just wondering—and then I'm looking at this—these numbers with regard to the meth labs. That is incredible. I mean, the escalation.

Mr. BOOZMAN. Yes.

Mr. CUMMINGS. So your policemen must be going crazy. I mean, it's just got to be—it's got to put a tremendous burden on the police force when you see these kind of numbers.

Mr. BOOZMAN. It really does; because the other problem with meth is not only, you know, do you have to provide the resources, you catch the people, but then you've got to deal with the lab. And so that, in many cases, costs thousands of dollars in cleanup. You do a good job, you bust the lab, and then the county—the local municipality's faced with the cleanup cost. And so it is a tremendous burden, it really is.

Mr. CUMMINGS. Is there a link between when they catch these folks and they convict them, is it normal that part of the penalty is the cleanup of these places? I'm just curious.

Mr. BOOZMAN. Well, it is. And yet a lot of these little labs, you know, where they're cooking just for them and their friends, it's not like busting a big coke dealer, you know, where you go in and there's cash all over the place. A lot of these are just cooking for themselves and their acquaintances, and so they're living in poverty. It's not the typical situation that you'd find, so it's much harder to go demand assets to pay for the cleanup.

Mr. CUMMINGS. And that was going to be my next question. Do you find that—I was just wondering what percentage of these were—of all of these labs were the mom-and-pop own-use kind of shops.

Mr. BOOZMAN. I couldn't tell you, you know, we're just that as opposed to guys that were really, or girls, that were getting after

it, the super labs, you know, that sort of thing. I'd say the majority of them are the mom and pops, though.

Mr. CUMMINGS. To both of you, one of the things that we have confronted in this committee—and it's a very difficult question—is the question of when you've got people using and then you—do you treat them, or do you arrest them? In other words, when I went to—and I tell this story everywhere I go, because it just hit me so hard. When I went to Mr. Souder's district, Fort Wayne, and I listened to the drug court judges talk about how they wanted to be in a position to rehabilitate people and help them get back on track, but there were so many penalties that it actually seemed to work against getting people back on track.

Are you following me? And I'm just wondering what are you all's feelings on that? I mean, we've got to—it's a difficult question, because you want to make sure you do things that are preventive. You want to punish those who may be selling. At the same time, I think you can have some communities where you may have maybe 5 percent of your young people basically saddled with a record, and that in and of itself handicaps them and may cause them to go back to do something that is in the area of drugs, and I just was curious about what you all's feelings were on that.

Mr. CASE. Well, I think, first of all, let's distinguish between manufacturers, dealers and users. The manufacturers, I just don't think you have any option but to come down pretty heavy on them, because if you can get it there, the chances are you can get it before it goes out too far. It is a little problematic when you're dealing with a drug that is a combination of super labs and mom-and-pop operations. In Hawaii it appears to be a mom-and-pop operation.

Now, those things can't go unnoticed in a community. Communities usually know. That is why I really want to come back to my comment earlier, which is if we can get communities involved, they will start to get rid of ice themselves. That is what is happening in parts of Hawaii. That is important for us to support.

On users, I think really—and I've been through some testimony in our State legislature in Hawaii over drug court. The users will tell you that they need to be arrested, they need to be brought into the system. If you simply take them out and you offer the care of rehabilitation, without the stick of going to prison, it is not going to work. You really need to have both options available. You need to get them into the criminal justice system, but then have the ability within that system for the judges to run great programs like drug court. Drug court works. And to get them rehabilitated. But if they don't tow the line, there is a consequence to that.

And this isn't me talking, this isn't law enforcement talking, it is the people that are using that are talking, because they know how addictive this drug is and how destructive it is to them. They need that. So you really need them both.

Mr. BOOZMAN. I would agree totally. You know, the distinction between the person that is selling, you know, and that aspect of it as opposed to the person that is caught up into it, and we really don't do a very good job of just the user. I mean, there needs to be a penalty to pay and things, but at some point, you know, you need to help that person get on with their life. And, I mean, I've

had parents come in and say, Look, you know, my daughter or my son is on drugs, you know, we want to do something. They want to do something, but truly, you know, in many instances there is just nothing available.

We're not doing a very good job in that aspect in my part of the country anyway, and it is something that I agree with the struggle that you're going through. It is a tough problem.

Mr. CUMMINGS. Thank you.

Mr. SOUDER. Ms. Norton, do you have any questions?

I want to thank you both, encourage you to look at the community antidrug coalition programs, where we keep trying to fund those, and we're trying to sustain the ones that we've started, but I don't think too many of those have particularly focused on meth. And it would be interesting to see if you can—if you don't have one, to see if you can get it—is it the Drug Czar's Office that makes the final selections? Yes. And work with ONDCP to do that.

Once again, thank you for your leadership and for coming today.

Mr. CUMMINGS. Mr. Chairman, may I say just one quick thing? Adding on to what the chairman just said, we in Baltimore, this community coalition bill, we started looking at who was getting those grants, and we discovered that here I am, the ranking member of the subcommittee, and no—hardly any coalitions in Baltimore had gotten grants. And so what we did, I took it upon myself to—using Mr. Souder's example, and I think Sandy Levin—and we began working with the Drug Czar's Office, and they literally sent people and the deputy into our district. I mean, she's been there three or four times to help organize our folks so that they can actually qualify for these grants, and I think this will—I don't know what is going to happen, but I know we were able to submit some very good grant proposals this time.

But I too would encourage you to take advantage of that program. A lot of people don't even know about it. A lot of people in Congress don't know about it.

Mr. SOUDER. Hawaii is farther than Baltimore, but you might be able to convince them to come.

Mr. CASE. We'll try to. Thank you very much.

Mr. SOUDER. Thank you very much.

If the second panel could come forward: Mr. Roger Guevara, Chief of Operations for DEA; Mr. John Horton, Associate Deputy Director for ONDCP. And if you'll remain standing.

[Witnesses sworn.]

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

Mr. Guevara, it's good to have you back, look forward to your testimony today. Go ahead.

STATEMENTS OF ROGER E. GUEVARA, CHIEF OF OPERATIONS, DRUG ENFORCEMENT ADMINISTRATION; AND JOHN C. HORTON, ASSOCIATE DEPUTY DIRECTOR FOR STATE AND LOCAL AFFAIRS, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. GUEVARA. Thank you, sir. I'm delighted to be back. And good morning to you, chairman, and Ranking Member Cummings, distinguished members of this subcommittee.

First let me express my sincere appreciation for your ongoing support of this very important issue and allowing us to face this methamphetamine problem in America.

It's also a privilege for me today to appear before you on this panel with John Horton of the ONDCP, an agency with which DEA has an outstanding relationship.

Mr. Chairman, the rise and spread of methamphetamine traffic and abuse in America has created unique and difficult challenges for our country. In 2001, the National Household Survey on Drug Abuse reports that over 9 million Americans have tried methamphetamine on at least one occasion during their lifetime. Even more disturbing, in 2002 more than 2,000 children were present during the seizure of clandestine laboratories; 22 of those children were injured, and 2 were killed.

In 2002 the El Paso Intelligence Center reported the seizure of over 9,000 meth labs, of which 191 were super labs, those having the capacity to produce over 10 pounds of methamphetamine or more per production cycle.

Unlike more traditional drugs of abuse such as heroin, cocaine and marijuana, methamphetamine presents some unusual challenges. First, it's a synthetic, relying on no harvested crops in its manufacture. Second, it has hit rural areas in the United States particularly hard, areas where resources to combat this drug are often the least available. And third, methamphetamine is a particularly intense stimulant, highly addictive and overwhelmingly dangerous. The combination of these factors require a multifaceted response.

To attack this national crisis, DEA has taken a proactive and aggressive stance. Since 2000, DEA has dismantled or disrupted over 60 priority target methamphetamine organizations. In 2001, DEA offices across the country conducted 250 methamphetamine investigations reflecting 19 percent of DEA's OCDETF cases. This year DEA has initiated 87 methamphetamine OCDETF investigations which represent almost 25 percent of DEA's OCDETF cases.

As with many of DEA's cases, these meth investigations are being worked with our Federal, State and local law enforcement partners across the country.

DEA estimates that Mexico-based organizations produce and distribute the majority of the methamphetamine in the United States. DEA intelligence and enforcement initiatives have focused on identifying, targeting, and dismantling the Mexican trafficking organizations based both in Mexico and in California. To combat these organizations, DEA looks not only toward the methamphetamine manufacturers and distributors, but also toward those groups who supply the precursor chemicals necessary for its production.

One such example, Operation Mountain Express III, targeted individuals responsible for the smuggling of pseudoephedrine of Canadian origin into the United States with the intent of providing it to Mexican-based organizations operating super labs in the western United States.

This operation resulted in arrest of 136 defendants, the seizure of over 35 tons of Canadian-origin pseudoephedrine, 179 pounds of methamphetamine, six methamphetamine labs, and $4½ million in assets.

DEA is also focusing its investigative efforts to fight the spread of small toxic labs. While these labs produce a small percentage of the methamphetamine in the United States, they account for approximately 95 percent of the total lab seizures and create significant environmental problems.

I'd like to draw your attention to the map to your right. That is a map of our United States, and the map illustrates the total of all methamphetamine clandestine laboratory incidents, including the labs that were seized, super labs, dump sites and locations where chemicals, glass, and equipment were located during calendar year 2002.

Drawing your attention to California, for example, there were 1,724 labs seized in that State. Of that amount, 159 of those labs were super labs.

In drawing your attention to the middle of our map as an example, the State of Missouri reported the seizure of 2,747 small toxic labs.

In addition to enforcement, DEA offers a robust training program for DEA special agents as well as State and local officers. DEA provides basic and advanced clandestine laboratory safety training for law enforcement officers at the DEA Clandestine Laboratory Training Facility in Quantico, VA. Since 1997, DEA has provided clandestine laboratory training and equipment to over 9,300 law enforcement officers across the country. And since 1999, DEA has trained approximately 69,000 students in clandestine laboratory awareness.

DEA also addresses the trafficking of methamphetamine through aggressive chemical programs, including voluntary, regulatory, and legislative means. And since 1999, DEA has increased its chemical investigations by approximately 400 percent.

And because chemicals associated with meth labs create environmental hazards and enormous cleanup costs, DEA is assisting State and local law enforcement in the cleanup of the hazardous waste that is generated.

In conclusion, DEA recognizes that methamphetamine must be attacked on several fronts in order to effectively combat this epidemic. DEA will continue its aggressive enforcement and intelligence initiatives geared toward identifying, targeting, and dismantling these organizations who spread misery and false hope in our country.

Thank you, Mr. Chairman. I will be happy to respond to any questions you may have.

Mr. SOUDER. Thank you. And as I said earlier, your full statement will be inserted in the record and any additional materials that you want to submit.

[The prepared statement of Mr. Guevara follows:]

Statement of
Rogelio E. Guevara
Chief of Operations
Drug Enforcement Administration

Before the

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

July 18, 2003

"Facing the Methamphetamine Problem in America"

Executive Summary

The rapid rise and spread of methamphetamine use and trafficking in the last decade has created unique and difficult challenges for our country. Initially confined mainly to the West and Midwest, methamphetamine is now impacting some of our largest cities and smallest rural towns all across America. No area is immune from methamphetamine's dangers. Whether it is from abuse of the drug itself or the toxic environmental effects from clandestine laboratories, methamphetamine has devastated communities and shattered families as this synthetic drug epidemic sweeps across the country.

Unlike more traditional drugs of abuse like heroin, cocaine, and marijuana, methamphetamine presents some unique challenges. First, it is synthetic, relying on no harvested crops for its manufacture. Unfortunately, its recipe is relatively easy; anyone who can read and measure can make methamphetamine. Second, it has hit rural areas in the United States particularly hard, areas where resources to combat this drug are often the least available. Third, is the nature of the drug itself: methamphetamine is a particularly intense stimulant, highly addictive, and overwhelmingly dangerous. The combination of these factors requires a multi-faceted response.

The Drug Enforcement Administration (DEA) is combating methamphetamine by working both domestically and internationally.

First, here at home, DEA is focusing enforcement efforts against Mexican methamphetamine organizations that operate large-scale labs (super labs) in Mexico, California and the Southwestern United States. Using their established distribution networks, these criminal organizations produce and distribute the drug throughout the country. DEA continues to target and seize these "super labs". We have dismantled or disrupted more than 60 priority target methamphetamine trafficking organizations since 2000.

While the methamphetamine trade is clearly dominated by Mexican trafficking organizations, there are a growing number of small, dangerous clandestine laboratories that are straining communities and state and local police forces. DEA has joined forces with our state and local counterparts to investigate and seize these toxic labs. The second part of that process is effective and safe cleanup of the labs. However, the cleanup is very costly and drains community resources and manpower. In response to this pressure on local law enforcement, DEA is working with state and local officials to provide assistance with clandestine lab cleanup and lab training; increasing safety for affected communities and police officers.

Second, DEA is working with our partners around the globe to target international methamphetamine traffickers, particularly Mexican groups that produce the majority of methamphetamine trafficked in the United States. Also critical to the international aspect are chemical control efforts, specifically those limiting access to wholesale amounts of pseudoephedrine—a chemical necessary in the manufacture of methamphetamine. Canada emerged as a source of supply for pseudoephedrine after DEA's Operation Mountain Express I and II significantly reduced the illegal pseudoephedrine trade within the United States. A recent change in Canadian regulations, encouraged by the United States, led to tighter restrictions on "pseudo" production and transportation from that country. Several joint enforcement operations appear to have had some success in limiting access to Canadian pseudoephedrine.

In this testimony, DEA will offer specific examples of how we are targeting methamphetamine production and distribution, the successes we are achieving in combating this dangerous drug, and the challenges we continue to face.

Chairman Souder, Ranking Member Cummings and distinguished members of the Subcommittee, it is my distinct pleasure to appear before you as Chief of Operations of DEA. On behalf of almost 10,000 employees of DEA, I would like to thank you and members of this subcommittee for your continued support.

America – In the Grasp of Methamphetamine

According to the 2001 National Household Survey on Drug Abuse, over nine million Americans or 4.3 percent of the United States population reported having tried methamphetamine on at least one occasion during their lifetimes. The Drug Abuse Warning Network (DAWN) estimated that the number of emergency department episodes concerning methamphetamine increased from 10,447 in 1999 to 14,923 in 2001.

In 2002, the El Paso Intelligence Center (EPIC) reported the seizure of over 9,000 clandestine methamphetamine laboratories. Additionally, in the "Associated Children Report" for 2002, EPIC reported over 2,000 children were present during the seizure of these laboratories. Of this total, 1,382 children were reported as having been exposed to toxic chemicals. These figures concerning the abuse of methamphetamine, seizure of clandestine methamphetamine laboratories and the presence of children at the lab sites,

clearly demonstrate that many parts of America are indeed in the grasp of methamphetamine.

Methamphetamine is a synthetic central nervous system stimulant that is classified as a Schedule II controlled substance. It is widely abused throughout the United States and is distributed under the names "crank", "meth", "crystal" and "speed". It is commonly sold in powder form, but has been distributed in tablets or as crystals ("glass" or "ice"). Methamphetamine can be smoked, snorted, injected or taken orally. The clandestine manufacture of methamphetamine has been a concern of law enforcement officials since the 1960's, when outlaw motorcycle gangs produced their own methamphetamine in labs, and dominated distribution in the United States. Clandestine labs typically produce other types of illicit drugs such as PCP, MDMA, and LSD, but methamphetamine has always been the primary drug manufactured in the vast majority of drug labs seized by law enforcement officers throughout the nation. Since 1997, 97 percent or more of the clandestine lab seizures reported to DEA were either methamphetamine or amphetamine labs.

Methamphetamine is, in fact, a simple drug to produce. After being introduced to the drug, many abusers learn that methamphetamine can be manufactured using common household products found at department and hardware stores. These ingredients are not only readily available, but also inexpensive. For approximately $100 in materials, a "cook" can produce $1,000 worth of methamphetamine. Items such as rock salt, battery acid, red phosphorous road flares, pool acid, and iodine crystals can be utilized to substitute for some of the necessary chemicals. Precursor chemicals such as pseudoephedrine can be extracted from common, over-the-counter cold medications. A clandestine lab operator can utilize relatively common items such as mason jars, coffee filters, hot plates, pressure cookers, pillowcases, plastic tubing, gas cans, etc., to substitute for sophisticated laboratory equipment.

Another factor in the clandestine methamphetamine lab epidemic is the evolution of technology and the increased use of the Internet. While in the past, methamphetamine "chemists" closely guarded their "recipes"; today's age of modern computer technology has made "chemists" more willing to share their "recipes" of death. This form of information sharing allows wide dissemination of these techniques to anyone with computer access. Aside from marijuana, methamphetamine is the only widely abused illegal drug that is capable of being grown or readily manufactured by the abuser. A cocaine or heroin addict cannot produce cocaine or heroin, but a methamphetamine addict only has to turn on his computer to find a recipe identifying the chemicals and process required for production of the drug. Given the relative ease with which manufacturers are able to acquire precursor chemicals, and the unsophisticated nature of the production process, it is not difficult to see why this highly addictive drug and potentially explosive clandestine laboratories continue to appear across America.

Distribution Trends, Prices and Purity

With the exception of the Caribbean Division, all DEA Field Divisions report that methamphetamine is produced in their areas, and most (19 of 21) report no decrease in production. Methamphetamine distribution is most pervasive in the Pacific, Southwest, and West Central regions of the United States. Distribution is slowly expanding in the Great Lakes, Mid-Atlantic, and Southeast regions. In the New England and New York/ New Jersey regions, distribution of methamphetamine is very limited, and there has been little indication of any significant increase in distribution over the past year.

Of the 21 DEA Field Divisions, 15 identify the principal methamphetamine transporters in their areas as Mexican distributors. Mexican criminal groups control most mid-level and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions as well as much of the distribution in the Great Lakes and Southeast regions. Mexican mid-level distributors sometimes supply methamphetamine to outlaw motorcycle gangs and Hispanic gangs for retail distribution throughout the country. Caucasian independent distributors are active throughout the country, particularly in the Great Lakes, Mid-Atlantic, and Southeast regions and in the Midwestern states of Arkansas, Iowa, Kansas, and Missouri, where methamphetamine produced in small laboratories is distributed to a limited number of local customers. Outlaw motorcycle gangs distribute methamphetamine throughout the country, including the Great Lakes region and are principal distributors in the New England and New York/New Jersey regions. Asian methamphetamine distributors (Filipino, Japanese, Korean, Thai, and Vietnamese) are active in the Pacific region, although Mexican criminal groups trafficking in "ice" methamphetamine have supplanted Asian criminal groups as the dominant distributors of this drug in Hawaii.

Regionally, methamphetamine prices vary throughout the United States. At the wholesale level, prices range from $3,000 to $17,000 per pound in the West, and from $5,000 to $23,000 per pound in the Midwest, Southeast, and Northeast areas of the country. Prices for ounce quantities range from $300 to $2,200 and gram prices range from $20 to $200.

The purity of methamphetamine analyzed by DEA laboratories varies widely across the United States. The average purity of DEA methamphetamine exhibits has declined significantly from 71.9 percent in 1994 to 44.0 percent in 2002. This decrease in purity is partially attributed to international chemical control efforts that reduced the supply of those chemicals needed to produce high-quality methamphetamine.

Mexican Drug Trafficking Organizations

For the first time in law enforcement history, beginning around 1994, Mexican drug trafficking organizations operating out of Mexico and California began to take control of the production and distribution of methamphetamine from outlaw motorcycle gangs. DEA estimates that the majority of the U.S. methamphetamine production and distribution is controlled by Mexican crime groups operating out of Mexico, California

and the Southwestern United States. Outlaw motorcycle gangs remain active in methamphetamine production, but do not produce anywhere near the quantities now being distributed by the Mexican organizations. The dominant presence of these Mexican methamphetamine trafficking groups can be partially attributed to their access to chemicals and established distribution networks.

These groups have established contacts with chemical suppliers in Europe, Canada, Asia and the Far East, who provide access to precursor chemicals, reagents and solvents. The resulting availability of ton quantities of chemicals, such as ephedrine and pseudoephedrine, has permitted these groups to establish and operate large-scale clandestine laboratories in Mexico and California. These laboratories are capable of producing unprecedented quantities of methamphetamine, saturating the wholesale/retail markets throughout the United States. Many of the "super labs" (laboratories capable of producing 10 or more pounds of methamphetamine within a production cycle) seized in the United States have been associated with Mexican traffickers.

These trafficking groups are also often involved in the distribution of other illicit drugs such as marijuana, cocaine, and heroin. Through the distribution of these illicit substances, over the years these groups have established transportation and distribution networks throughout the United States. The exploitation of these existing distribution networks and the production capability of their clandestine laboratories has enabled the Mexican groups to establish national dominance in the manufacture and distribution of methamphetamine.

Four recent large seizures of pseudoephedrine illustrate Mexican traffickers' ability to obtain large quantities of precursor chemicals from international sources and to adapt to changes in the availability of Canadian pseudoephedrine. Between March 21, and April 25, 2003, in excess of 22 million pseudoephedrine tablets were seized in Panama and Laredo, Texas. The tablets were manufactured in Hong Kong and destined for Mexico.

Reporting on the exact number of methamphetamine clandestine laboratories seized in Mexico is inconsistent. Official Government of Mexico figures as reported in the International Narcotics Control Strategic Report (INCSR) reflect that 10 labs were destroyed in 2002, down from the 18 seized in 2001. In 2002, according to information provided by Mexican authorities in Baja California, however, 53 labs were seized in Baja alone and Mexico Interpol reports that 13 labs were seized or destroyed. This discrepancy may reflect the limited resources and lack of coordination in Mexico to successfully attack the problem. In any case, the relatively small number of clandestine laboratories seized belies the large-scale production of methamphetamine that is believed to occur in Mexico.

The Spread of Small Toxic Labs

On a much smaller production and distribution scale are the independent operators of small toxic labs (STLs), which collectively account for approximately 95

percent of the clandestine laboratories seized in the United States. These STLs produce ounce quantities of methamphetamine for local use and distribution while generating significant quantities of hazardous waste during each production cycle. Small, rural communities are now recognizing the fiscal, environmental, health, and safety issues that are associated with the operation of these independent laboratories.

STLs initially emerged as a problem in the Midwest in the early to mid-1990s. After the introduction of methamphetamine to this area by Mexican trafficking organizations, users discovered that they could produce their own methamphetamine. These operations became extremely popular because of the simplicity of the Birch method (commonly known as the "Nazi" method) and pseudoephedrine/iodine/red phosphorus methods of manufacturing methamphetamine. Each of these methods relies on readily available and inexpensive products and an uncomplicated production process to manufacture methamphetamine. The ease of manufacturing and availability of chemicals contributed greatly to the dramatic growth and spread of these labs throughout the United States. Anhydrous ammonia, while not readily available at the retail level, is extensively used in rural areas. Anhydrous ammonia can be easily stolen from nurse tanks stored on farms or at farming cooperatives, train tanker cars that transport the chemical, or from one of the anhydrous pipelines.

The size of the lab does not matter when it comes to the danger level involved. In fact, the STLs are often more dangerous than the larger operations. The "cooks" are generally less experienced and have little regard for the consequences arising from the use of toxic, explosive, and poisonous chemicals. EPIC reported that during 2002, there were 126 explosions and 208 fires as the result of clandestine laboratories. The threats posed by clandestine laboratories are not limited to fire, explosions, poisonous gas, drug abuse and booby traps; the chemical contamination caused by the hazardous waste also endangers the nation's environment.

The combination of demand, ease of production, and a rural setting has led to the explosion of STLs that now plague the Midwestern and Southern States, and has continued eastward to New York. Despite the fact that the majority of these labs produce relatively small amounts of methamphetamine, their proliferation has imposed terrific burdens on law enforcement and other agencies in states such as Missouri. In 1992, Missouri reported only two clandestine laboratory seizures; in 2002, 1,046 labs were seized in that state. When dumpsites and other seizures (chemicals, glassware and equipment) are included, this total climbs to 2,747.

Enforcement Initiatives

DEA's efforts to address methamphetamine production and distribution incorporate the assets of the Offices of Domestic and International Operations, Diversion, Intelligence, Forensic Sciences, and Training. DEA focuses assets on both domestic groups, which represent the largest number of methamphetamine laboratories seized in the United States, and international organizations, particularly Mexican groups which

produce the majority of methamphetamine trafficked in the U.S. The following are key components of DEA's methamphetamine initiative:

1. **Elimination of Small Toxic Labs**

Working arm-in-arm with state and local law enforcement counterparts, DEA eliminates STL operators that impact communities throughout the United States. In addition to providing investigative support to state and local agencies, DEA assists state and local authorities with hazardous waste removal, prevention, public awareness, training, and legislative programs that are associated with methamphetamine. DEA cases involving methamphetamine have almost tripled from 1,171 in 1995 to over 3,000 in 2002.

2. **Chemical Control**

DEA uses the precursor control program to identify and target the most significant sources of methamphetamine precursor chemicals. DEA works domestically with legitimate handlers of precursor chemicals to ensure that these chemicals are not diverted for illicit use.

3. **Priority Targeting Program**

One of DEA's most aggressive enforcement efforts to attack these organizations is the utilization of the Priority Targeting Program. Once identified and designated as priority targets, these investigations are provided with substantial financial and manpower resources. Since the inception of the Priority Targeting Program in 2000, DEA has dismantled or disrupted over 60 priority target methamphetamine trafficking organizations.

Utilizing Organized Crime Drug Enforcement Task Force (OCDETF) investigations, DEA targets significant methamphetamine manufacturers and traffickers. In 2001, DEA conducted 250 methamphetamine OCDETF investigations, which represented approximately 19 percent of the total DEA OCDETF investigations conducted that year. Thus far in 2003, DEA has initiated 87 methamphetamine OCDETF investigations representing approximately 25 percent of the total of the OCDETF cases.

Operation Stopgap was a cooperative effort directed by DEA's Nashville Resident Office in conjunction with local law enforcement, which identified, targeted, and federally prosecuted small independent laboratory operators in a six county area known as the Cumberland Plateau. This OCDETF case culminated during October 2001, with the arrests of over 175 individuals and the seizure of approximately 150 methamphetamine laboratories.

In April of this year, 18 individuals were arrested in New Mexico and California, in connection with a Mexican methamphetamine and crack cocaine distribution organization. As part of this continuing investigation, in June, DEA's Albuquerque

District Office and state and local agencies arrested 12 additional individuals on federal charges and 38 on State of New Mexico charges. This organization was responsible for the distribution of 60 pounds of methamphetamine on a monthly basis. Over $291,000 in assets were seized in addition to 12 vehicles, 24 firearms (including 4 assault-type weapons), and 21 pounds of methamphetamine.

In May of this year, the U.S. District Court for the Western District of Oklahoma sentenced Norma El-Samad to 97 months incarceration on drug and money laundering charges. El-Samad owned Norma's Enterprises of Oklahoma City, which purchased over 14 million 60mg. pseudoephedrine tablets from Summa Laboratories in Mineral Wells, Texas. DEA was able to provide convincing evidence that most, if not all, of the pseudoephedrine was directed toward clandestine methamphetamine laboratory operations.

In August of 2002, DEA working with the Riverside (California) County Sheriff's Department and the Riverside Police Department, arrested over 57 individuals in connection with a two-year investigation targeting a Mexican trafficking organization, which was involved in the manufacture and distribution of methamphetamine. Investigators seized in excess of 33 pounds of methamphetamine, 196 gallons of methamphetamine in solution, 8 pounds of "ice", 80 exotic vehicles and over $500,000 in cash.

Canadian Pseudoephedrine Issues

Pseudoephedrine, an essential precursor for the production of methamphetamine, was initially diverted to Mexican trafficking groups for utilization in "super labs" by "rogue" DEA registered manufacturers and distributors. Operation Mountain Express I and II were directed primarily against these "rogue" chemical companies. These operations proved effective in cutting off the supply of domestic origin pseudoephedrine to the large Mexican controlled "super labs." However, in 2000, pseudoephedrine of Canadian origin began to appear in "super labs" in the western United States, primarily due to the culmination of Operation Mountain Express I and II and the non-existence of effective Canadian regulations governing pseudoephedrine. This new source for pseudoephedrine can be dramatically illustrated by the increase in the amount of pseudoephedrine imported by Canada beginning in 2000. As reported by the Canadian government, in 1996, approximately 30,000 kilograms of pseudoephedrine were imported into Canada. In 2001, Canada imported approximately 175,000 kilograms of pseudoephedrine, nearly a 500 percent increase.

As a result of this alarming trend, DEA in conjunction with the Royal Canadian Mounted Police (RCMP) initiated Operation Mountain Express III. This investigation targeted individuals responsible for smuggling pseudoephedrine of Canadian origin into the United States, many of whom were of Middle Eastern descent. Once the Canadian pseudoephedrine was successfully smuggled into the United States, the pseudoephedrine was sold directly to Mexican organizations that operated the large "super labs" in the west. This operation was extremely successful, resulting in the arrest of 136 individuals,

the seizure of 35.8 tons of Canadian origin pseudoephedrine, 179 lbs. of methamphetamine, six methamphetamine labs and $4.5 million in assets. To date, Operation Mountain Express Phases I, II and III has netted over 370 arrests, the seizure of 49.4 tons of pseudoephedrine, and over $17.4 million in assets.

However, major concerns remained in the Canadian pseudoephedrine problem. DEA sought to address this issue with the culmination of Operation Northern Star on April 15, 2003. This international enforcement operation employed a comprehensive strategy targeting the entire methamphetamine trafficking process, including the suppliers of precursor chemicals, chemical brokers, transporters, manufacturers, distributors and the money launderers who helped conceal their criminal proceeds. As part of this investigation, six executives from three Canadian chemical companies were targeted. All sold bulk quantities of pseudoephedrine to methamphetamine manufacturers in the United States, with the full knowledge that their sales were intended for the illegal production of the highly addictive and dangerous drug methamphetamine. In April 2003, DEA and the RCMP announced the arrests of over 65 individuals in ten cities throughout the United States and Canada, including the six executives from the three Canadian chemical companies. The 34,000 pounds of pseudoephedrine seized in this investigation could have produced approximately 20,000 pounds of methamphetamine.

Prior to January 9, 2003, Canada had no effective laws regulating the importation, distribution or exportation of pseudoephedrine, the primary precursor chemical used to manufacture methamphetamine. With DEA's assistance, the Canadian authorities developed new regulations implementing a previously enacted law. These regulations require individuals who produce, import and export pseudoephedrine to have licenses and permits issued by the Canadian Health Ministry.

While it is still too early to draw definitive conclusions, initial indications show that these initiatives have been effective. A review of the statistics on Canadian pseudoephedrine tablets seized shows a significant reduction since January 2003. In 2002, over 22 million tablets were seized and, as of May 31, 2003, only 12,000 tablets have been seized. These seizures have been identified as being Canadian in origin because packaging, lot numbers, and labeling are consistent with previous seizures of Canadian pseudoephedrine. The decrease in seizures may be due to a combination of factors; however, we believe that increased DEA enforcement efforts targeting Canadian pseudoephedrine and the implementation of the Canadian chemical regulations are the main causes of the decrease.

Efforts to Control Pseudoephedrine/Precursor Trafficking

DEA continues to address the trafficking of methamphetamine's most important precursor, pseudoephedrine, and other precursor chemicals through voluntary, regulatory, and legislative means. Although DEA chemical investigations have increased by 400 percent since 1999, DEA also undertakes yearly "outreach" liaison and education with the regulated chemical industry for the purpose of preventing chemical diversion to methamphetamine traffickers. During September of 2002, DEA hosted a Chemical

Industry Conference in which representatives of chemical handlers were provided updates on chemical diversion issues worldwide. A similar conference was hosted by DEA with major pseudoephedrine retailers during February of 2003.

DEA aggressively investigates applications from companies who wish to distribute List I chemicals (27 chemicals designated by the Administrator of DEA and regulated under the Controlled Substance Act that in addition to legitimate uses, can be utilized in manufacturing a controlled substance). Between 2000 and 2002, 74 registrants surrendered their registrations, 6 were revoked, and 3 were restricted. List I chemical applicants withdrew another 710 applications during that same time period.

DEA also operates a Warning Letter Program wherein manufacturers and distributors of pseudoephedrine and ephedrine tablets are notified when their product was found in illicit settings. To date, DEA has issued 634 warning letters. These letters form a foundation for criminal, civil, and/or administrative action against registrants who distribute List I chemicals.

In June 2002, in conjunction with the United Nations International Narcotics Control Board (INCB), DEA hosted an International Meeting on Amphetamine-type Stimulant (ATS) Precursors in Washington, D.C. The INCB is responsible for coordinating international chemical control efforts worldwide. The delegates from 38 nations represented all major ATS precursor manufacturing, exporting, transiting, and importing countries, as well as those countries where illicit ATS production takes place. The meeting resulted in "Project Prism," an international initiative aimed at assisting governments in developing and implementing operating procedures to more effectively control and monitor trade in ATS precursors in order to prevent diversion.

DEA continues its support of the U.S.-Mexico Bilateral Chemical Control Working Group. This partnership is made up of experts in chemical control, and focuses on methamphetamine precursor chemicals in order to promote and enhance the Mexico's diversion control program. The group works to develop and implement strategies aimed at increasing bilateral communication and cooperation regarding chemical control, specifically ephedrine and pseudoephedrine.

As methamphetamine production continues to pose significant risks to public health and safety in the United States, DEA is cautiously optimistic that precursor chemical controls, combined with aggressive local law enforcement efforts in chemical interdiction, can produce positive results.

Methamphetamine Labs and the Environment

Methamphetamine trafficking not only devastates America's population, but also the environment. Methamphetamine laboratories create environmental hazards with enormous cleanup costs. The chemicals used to produce methamphetamine are extremely flammable and toxic. Production of every pound of methamphetamine yields up to five pounds of waste chemicals such as lye, red phosphorus, hydriodic acid, and

iodine that contaminate land, streams and rivers, and public sewer systems. Cleanup costs have risen dramatically, draining the budgets of federal, state and county governments, as well as those of private owners. Often the value of the contaminated property is less than the cleanup costs and owners simply walk away from their investments leaving the cleanup costs to the state or local governments. Many of the methamphetamine laboratories seized are located in agricultural areas resulting in the dumping of high volumes of hazardous waste on farmlands and in water sources. Authorities have found barrels, glassware, hoses, and other waste from methamphetamine laboratories in irrigation canals. The impact on local agriculture is unknown, but is believed to be substantial.

To illustrate the catastrophic effects methamphetamine production has on the environment, consider what took place in Brandon, Florida just a few weeks ago. In July 2003, an individual from Brandon was arrested for operating two methamphetamine labs. He was also suspected of sabotaging an anhydrous ammonia pipeline in order to obtain the chemical, which is used in manufacturing methamphetamine. The release of the anhydrous ammonia caused an immense cloud of toxic gas to hover over a main boulevard, forcing 2,000 students from nearby schools to be relocated to other schools for two days. It took emergency workers using airtight equipment a full day to get the leak under control.

In another equally disturbing case, in October 2002, police in Hockerville, Oklahoma located an old mine sinkhole, which was nearly full of equipment and chemicals used to manufacture methamphetamine. The sinkhole was approximately 25 feet across and more than 30 feet deep. DEA estimated that toxic waste from approximately 200 methamphetamine lab operations was deposited in the shaft over the previous two years. After responding to the scene, DEA cleaned up the hazardous waste from the site; however, DEA is not equipped to cleanup the contaminated soil or assess any potential problems associated with contaminated water in the area.

Hazardous Waste Cleanup

As DEA has heightened its enforcement efforts concerning methamphetamine trafficking in recent years, state and local agencies have also witnessed an increase in the number of organizations operating illicit methamphetamine laboratories, resulting in a dramatic increase in the number of clandestine laboratories seized throughout the United States. When a federal, state or local agency seizes a clandestine methamphetamine laboratory, EPA regulations require that the agency ensure that all hazardous waste materials are safely removed from the site in accordance with the U.S. Code of Federal Regulations (40 CFR 261 and 262). With regard to environmentally sound cleanup of clandestine drug laboratories, DEA has enlisted the services of the private sector. These companies provide hazardous waste removal and disposal services to DEA, as well as state and local law enforcement agencies.

DEA, along with the state and local law enforcement agencies, becomes the "generator" of hazardous waste when clandestine drug laboratories are seized. As the

"generator", law enforcement bears the responsibility for ensuring that the wastes from clandestine drug laboratories are managed in compliance with all applicable health, safety, transportation, and environmental requirements.

In 1990, DEA established a Hazardous Waste Cleanup Program to address environmental concerns from the seizure of clandestine drug laboratories. This program promotes the safety of law enforcement personnel and the public by using qualified companies with specialized training and equipment to remove hazardous waste. Costs associated with the cleanup of these labs have been reduced several hundred dollars per response since the implementation of DEA's new FY 2003 contract.

DEA's hazardous waste program, with the assistance of the Community Oriented Policing Services (COPS) program, supports and funds the cleanup of a majority of the laboratories seized in the United States. Between 1992 and 2002, the number of cleanups increased from 394 to over 7,000. Even though the number of cleanups has increased by 1,700 percent, the average cost per cleanup has continued to decrease since DEA first began using contractor services in the early 1990s. Currently, the average cost per cleanup is $1,900, down from $3,300 in FY 2002.

In FY 2003, Congress provided cleanup funds in the amount of $2.7 million in Asset Forfeiture Fund monies for cleanup of DEA seizures, $4.1 million in appropriated monies for DEA and state and local seizures, and $57 million (including $20 million for cleanup) in the COPS funding for state and local seizures.

Methamphetamine Laboratories and Children

In addition to the evident toll on law enforcement resources, the demands on medical, social, environmental, and public heath and safety services continue to grow. This is particularly true when it comes to the health and safety of children exposed to the ravages of this illegal substance. STLs account for the vast majority of clandestine labs seized and are often discovered in vehicles, buildings, and homes. Many of these lab sites are also locations where children live and play. In 2002, over 2,000 children were present during the seizure of clandestine laboratories nationwide. Twenty-two of those children encountered were reported injured and two were killed.

More than any other controlled substance, methamphetamine trafficking endangers children through exposure to drug use/abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosion. In response to these tragic phenomena, DEA has enhanced its Victim Witness Program to identify, inform, refer, and report these incidents to the proper state agencies. Each of DEA's Field Divisions has a Victim/Witness Coordinator to ensure that all endangered children are reported. DEA prepares an annual report for the Attorney General regarding this matter. This DEA program guarantees that endangered children are identified and that the child's immediate safety is addressed at the scene through coordination with child welfare and health care service providers.

DEA also works with various state and local Drug Endangered Children (DEC) programs. DEC programs protect endangered children through the formation of multi-disciplinary teams, which consist of child protective services, medical and public health professionals, environmental, and law enforcement personnel. DEC ensures that child endangerment cases are developed along with the clandestine laboratory investigation. DEA encourages regional U.S. Attorney's, when applicable, to utilize the enhanced sentencing guidelines promulgated as directed in the "Children's Health Act of 2000". This legislation mandates severe penalties for methamphetamine manufacturers whose operations pose a threat to minors.

Clan Lab Training

In 1987, DEA created a special training unit for clandestine laboratory safety/certification training. As mandated by 29 CFR 1910.120, all federal, state, and local law enforcement officers must receive at least 24 hours of hazardous chemical handling training (specific Occupational Safety and Health Administration (OSHA) standards for courses and equipment), prior to entering a clandestine drug laboratory.

As the number of nationwide clandestine laboratory seizures continues to mount into the thousands, there has been a corresponding demand for related training from state and local law enforcement organizations. Since 1998, with funding received originally through the COPS program and then through direct appropriations to the annual budget, DEA has offered a robust training program for state and local officers. DEA provides basic and advanced clandestine laboratory safety training for state and local law enforcement officers and Special Agents at the DEA Clandestine Laboratory Training Facility in Quantico, Virginia. Established instruction includes the Basic Clandestine Laboratory Certification School, the Advanced Site Safety School, and the Clandestine Laboratory Tactical School.

Each course exceeds OSHA-mandated minimum safety requirements, lasting approximately one week, and is provided at no cost to qualified state and local law enforcement officers. The specialized Clandestine Laboratory Training Unit also provides in-service training and seminars for law enforcement groups such as the Clandestine Laboratory Investigator's Association (CLIA) and the International Association of Chief's of Police (IACP). The Unit conducts a number of courses off-site each year to meet regional training demands and will additionally provide annual recertification training as required by OSHA.

Law enforcement officers who graduate from the Clandestine Laboratory Basic Certification School are issued over $2,500 in specialized clandestine laboratory safety equipment. Since 1997, DEA has conducted numerous clandestine laboratory schools and has provided basic training/certification to over 9,300 Special Agents and state and local law enforcement officers from across the country. Since 1999, DEA has trained approximately 69,000 students in clandestine laboratory awareness. Utilizing the advances of technology, in FY 2000, a video broadcast on Clandestine Laboratory Awareness was transmitted to approximately 10,000 state and local personnel.

Conclusion

DEA is combating the methamphetamine epidemic currently being experienced by the United States on several fronts. DEA is targeting Mexican trafficking organizations, who control the majority of the methamphetamine produced and distributed in this country. Additionally, DEA is working closely with state and local law enforcement to eliminate the spread of small toxic labs. DEA's efforts also include preventing diversion and targeting the traffickers of precursor chemicals on a domestic and international level, as well as providing training and assistance to state and local law enforcement officers throughout the United States.

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

Thank you for the opportunity to testify before the Committee today. I will be happy to respond to any questions you may have at the appropriate time.

Mr. SOUDER. Mr. Horton.

Mr. HORTON. Chairman Souder, Ranking Member Cummings, and distinguished members of the subcommittee, I'm glad for the opportunity to be here today to testify about the problem of methamphetamine in America. I have prepared a written statement and would ask that it be entered into the record.

We know what it takes to get drug use in this country to go down. We've seen declines in drug use before; for example, in the decline in cocaine use since 1979, and we know why it happened. We aim to replicate that success with all drugs, including methamphetamine.

You know that our national drug control strategy focuses on reducing both supply and demand of drugs through prevention, treatment, and market disruption. I will briefly review how these priorities apply to methamphetamine.

It is important at the outset to recognize that methamphetamine poses a different sort of threat to America than marijuana, cocaine or heroin. On the one hand, the nationwide use of methamphetamine in America is still lower than marijuana and cocaine, and we know that the dispersion of the geographical methamphetamine threat is not uniform. In the eastern part of our Nation, it remains comparatively low; but the threat is significantly higher, for example, in the West and the Midwest.

Wherever meth does exist it causes problems that, frankly, just are not associated, at least to the same degree, with marijuana, cocaine or heroin—toxic remnants from meth labs, children neglected with burns and other serious injuries, and associated criminal activity like car and identity theft.

The immediate harm caused by methamphetamine in our communities sometimes tempts us to focus only on short-term responses. Make no mistake, cleaning up meth labs, providing meth users with immediate treatment, and putting meth cooks in prison are all important, and law enforcement and our treatment providers have to do these things.

But what the American people really want to know more than anything else about our anti-drug efforts is this: Are we actually making a long-term difference or are we just treading water? Our long-term goals are to slash demand, to prevent and punish import and production, and to stop the meth threat from moving east. For that reason, I want to briefly touch on some of the aspects of our long-term strategy.

First, economics tell us that demand is the key driver of the market for methamphetamine, and that is why initiatives like Access to Recovery, the President's treatment initiative, are so important. While not focused on methamphetamine alone, we know that early intervention with methamphetamine users works. We know the drug courts, for example, help people recover from drug addiction. And stopping initiation of methamphetamine is an important component of our long-term approach to reducing methamphetamine demand.

Second, by our best estimates, at least 80 percent and possibly up to 95 percent of the methamphetamine in this country is produced at super labs by Mexican criminal drug traffickers, both inside and outside of our borders. This isn't to say that the smaller

labs you see in your home districts are not a threat, but I will get to that in a minute.

My point is if we are going to cut the amount of methamphetamine circulating in our Nation, we have to go after the major drug trafficking organizations. Federal law enforcement, including the HIDTA program, DEA, U.S. attorneys and OCDETF, plays an important role in targeting major identifiable drug trafficking organizations that make and sell not only methamphetamine, but other drugs as well.

That is why our priority targeting initiative is particularly relevant to methamphetamine. Drug trafficking organizations are market players. They are flexible, and they respond to market conditions, including the demand for methamphetamine. While we reduce demand, we have to disrupt the market and dismantle the organizations.

Third, I recognize that despite producing no more than 20 percent at our best estimates of methamphetamine in our Nation, the small toxic labs are in fact a significant threat to the communities in which they are found and they have both short and long-term impacts.

Somewhere in the range of 96 percent of all methamphetamine labs in America are discovered, investigated and processed by our State and local law enforcement agencies. That is why programs such as the COPS initiative to support State and local law enforcement are an important part of our Federal efforts. In addition to direct support, the cooperative efforts of Federal law enforcement with State and local agencies play an important role.

My written testimony further outlines the methamphetamine threat, as well as the actions and strategies taken by a host of Federal agencies or programs, including DEA, OCDETF, HIDTA and the COPS Program on methamphetamine.

At the appropriate time, I will be happy to answer any further questions the committee may have. Thank you.

[The prepared statement of Mr. Horton follows:]

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

Statement of John C. Horton
Associate Deputy Director for State and Local Affairs
White House Office of National Drug Control Policy
Before the House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources
"Facing the Methamphetamine Problem in America"
July 18, 2003

Chairman Souder, Ranking Member Cummings, and distinguished members of the Subcommittee:

I appreciate the opportunity to appear before you today to discuss the problem of methamphetamine in America. While all of the five major drugs – marijuana, cocaine, methamphetamine, ecstasy, and heroin – pose their own distinctive threat to this nation, methamphetamine is unique in the type and extent of damage it causes to both the user and the community. The attendant consequences of methamphetamine – not merely the terrible toll that methamphetamine use takes on a person's body and mind, but the increase in criminal activity, environmental and economic harm, and danger to children that are exposed to methamphetamine use and production – make it a significant drug threat.

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

Methamphetamine: Extent of the Problem

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

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

The medium and long term effects of methamphetamine, however, are nothing short of devastating. Methamphetamine users begin to exhibit nervousness, paranoia, schizophrenia-like symptoms, irritability, confusion, and insomnia. Along with increased use comes the propensity

for violence, erratic behavior, and often – partly due to association with other methamphetamine users – fraudulent activity such as identity theft, forgery conspiracies, and car theft. There are few more cruelly efficient means of aging an individual than using methamphetamine. Law enforcement and treatment providers report chronic methamphetamine users in their twenties who – in addition to having wrinkled, leathery skin, few teeth left, and open sores – appear to be in their fifties.

Percentage reporting methamphetamine use (2001 *Nat'l Household Survey on Drug Abuse*)			
Age	Lifetime	Annual	Past 30 Days
12–17	1.4%	0.8%	0.2%
18–25	5.1	1.7	0.7
26–34	4.4	0.7	0.4
35+	4.5	0.3	0.1
12+ (Total)	4.3	0.6	0.3

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

Meth mentions (emergency departments)		
Year	All drug mentions	Meth mentions
1994	-	17,537
1995	-	15,933
1996	-	11,002
1997	-	17,154
1998	549,060	11,486
1999	575,718	10,447
2000	624,390	13,505
2001	669,559	14,923
1st ½, 2002	313,181	6,136

Scope of the National Methamphetamine Threat

According to the 2001 NHSDA, just over 28 million United States residents (about 12.6% of the population) used an illicit drug sometime within the past year. Of these, approximately 1.3 million reported using methamphetamine during the year, and about 9.6 million U.S. residents over the age of 12 had used methamphetamine at least once in their lifetime.

According to the 2001 DAWN survey, nearly 15,000 methamphetamine-related emergency room admissions were reported – the highest level since 1997.

The West-East phenomenon: LEAs reporting meth as #1 threat	
Region	%
Pacific	83.6
West Central	73.9
Southwest	52.9
Southeast	22.9
Great Lakes	20.5
Florida/Caribbean	7.0
Mid-Atlantic	3.8
New York/New Jersey	0.8
New England	0.0

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

Methamphetamine Production and Trafficking: Who is Responsible?

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

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

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

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

Methamphetamine: More Than Just A Drug

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

Environmental damage

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

of iodine, and hydrogen peroxide. Flammable household products, including charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits, are often used in the production process. Corrosive products, such as muriatic acid, sulfuric (battery) acid, and sodium hydroxide from lye-based drain cleaners, also may be used. In rural areas where anhydrous ammonia is used as a fertilizer, farmers are increasingly finding their ammonia tanks have been tapped by "cooks" using this highly toxic chemical to produce methamphetamine.

Chemicals Used in Methamphetamine Production

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

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

These chemicals are not only flammable and corrosive – they are poison. Any property owner whose rental has been converted into a toxic methamphetamine lab knows of the long, expensive process required to make the location safe and habitable again. Costing thousands of dollars, buildings may actually have to be razed and rebuilt after a methamphetamine lab has been discovered. Some 15% of methamphetamine labs in this country are discovered as the result of an explosion or fire at the lab – a further risk to nearby innocent property owners.

Associated Criminal Activity

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

Methamphetamine: Innocent Victims

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

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

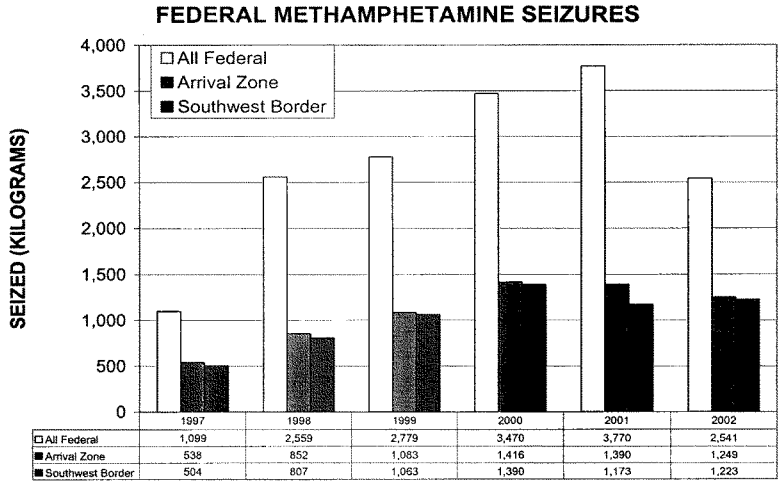
Year	Meth labs seized	Children present	Children residing	Children affected	Exposed to toxic chemicals	Injured/killed
2000	8971	1803	216	1803	345	12/3
2001	13270	2191	976	2191	788	14/0
2002	15353	2077	2023	3167	1373	26/2

DISRUPTING THE METHAMPHETAMINE MARKET: THE FEDERAL RESPONSE

The President's *National Drug Control Strategy* aims to reduce use of all drugs in America by 10% within two years, and 25% within five years. While not focused exclusively on any specific illicit drug, the *Strategy* recognizes methamphetamine as one of the primary drug threats to America. Within the *Strategy* are three priorities: 1) stopping drug use before it starts, 2) healing America's drug users, and 3) disrupting drug markets.

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

One of the flagship initiatives of this administration which cuts across agencies and programs such as the Drug Enforcement Agency, the Organized Crime Drug Enforcement Task Force and High Intensity Drug Trafficking Areas, is the Priority Targeting Initiative. Most of the priority drug trafficking organization (DTO) targets are poly-drug in nature, and respond to market forces – such as the demand for methamphetamine. For FY 2004, the administration has requested $39 million for the Priority Targeting Initiative, which includes 329 positions to implement DEA's plan for addressing the nation's illegal drug threats. This initiative will target priority DTOs involved in the manufacture and distribution of illegal drugs, including those involved in the diversion of precursor chemicals used to manufacture methamphetamine. With respect to OCDETF, the proposal includes $26 million for 192 positions to generate and advance investigations of command and control targets linked to the Attorney General's priority targeting list. With respect to HIDTA, in FY 2002, Consolidated Priority Organizational Target (CPOT) initiatives received $5.7 million in funding, and of these initiatives, two were solely methamphetamine-related, and seven were poly-drug. Of the seven poly-drug initiatives, we classify four as having included a methamphetamine focus.



	1997	1998	1999	2000	2001	2002
All Federal	1,099	2,559	2,779	3,470	3,770	2,541
Arrival Zone	538	852	1,063	1,416	1,390	1,249
Southwest Border	504	807	1,063	1,390	1,173	1,223

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

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

Drug Enforcement Administration

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

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

Methamphetamine Prosecutions and OCDETF

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

Within the context of major drug prosecutions, the Department of Justice's OCDETF program provides a framework for federal, state, and local law enforcement agencies to work together to target well-established and complex organizations that direct, finance, or engage in illegal narcotics trafficking and related crimes. For FY 2004, the Administration has proposed an increase of $72 million over the previous fiscal year's requested level for the OCDETF program.

With respect to OCDETF-led activity in FY 2002, preliminary reports – and they are still coming in – indicate that there were at least 36 methamphetamine organizations disrupted (6%, responsible for about 1,969 kilograms of methamphetamine each year) and at least 66 methamphetamine organizations dismantled (11%, responsible for about 7,332 kilograms of methamphetamine each year). So far in FY 2003, the government has initiated 128 new OCDETF investigations against methamphetamine organizations – approximately 26% of all OCDETF investigations. Additionally, there are nine new cases in FY 2003 (nearly 2% of investigations) involving precursor chemicals. The Great Lakes and West Central OCDETF regions have recently developed methamphetamine strategies related to the goal of attacking methamphetamine and poly-drug networks.

Methamphetamine at the Border

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

HIDTA

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

In FY 2002, the HIDTA program approved 548 initiatives nationwide. Of these, 306 initiatives directly related to a specific drug or drugs (as opposed to, for example, money laundering, intelligence, or law enforcement training). Of these 306 initiatives, some 158

initiatives were poly-drug – many involving methamphetamine. Of the remaining initiatives approved for funding, 82 were focused solely or primarily on methamphetamine – more than were focused on any other single drug by itself.

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

- **Midwest HIDTA**. In CY 2002, Midwest HIDTA task forces seized 181,125 grams of methamphetamine. Federal indictments for the six-state region totaled 2,141 (an increase of 10%), with 1,122 being for methamphetamine violations. Also in CY 2002, 4,989 clandestine lab seizure incidents were reported to El Paso Intelligence Center through the National Clan Lab Seizure System for the six states comprising the Midwest HIDTA, an increase of 28% over CY 2001 incidents of 3,890.

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

- **Hawaii HIDTA**. A Hawaii HIDTA-led investigation identified members of an organization operating in North Carolina, Utah, California, Hawaii, Tonga, Fiji, New Zealand, and Australia. During late April 2002, a portion of the investigation culminated with the execution of 47 arrest warrants, 30 search warrants, and 13 seizure warrants in Utah, California, Hawaii, and Alaska. In addition, more than $700,000 in cash, three pounds of cocaine, 10 pounds of crystal methamphetamine, several pieces of real property, and 15 vehicles were seized.

- **National Methamphetamine Chemical Initiative**. HIDTA also funds the National Methamphetamine Chemical Initiative (NMCI), and in FY 2002, provided over $500,000 in support. This initiative was established and is funded through the Southwest Border HIDTA – California Partnership. The NMCI provides a comprehensive national approach to stop the diversion of chemicals used in the manufacture of methamphetamine by improving support of chemical precursor investigations and coordinating investigations; promoting information sharing and training among law enforcement, prosecutors, judges, probation/parole, and family services; and providing updates on current trends and methods of operation. The NMCI also supports Drug Endangered Children (DEC) programs that I address below. NMCI has encouraged and funded DEC training throughout the country, recently conducting classes in Missouri, Idaho, Arizona, and Denver.

Cleaning Up the Aftermath: Toxic Lab Cleanup

The aftermath of a methamphetamine lab can last for years, and impacts the environment, the health of persons near the manufacturing site, and the overall safety of the neighborhood. The Community Oriented Policing (COPS) program is a key national resource in helping combat the spread of methamphetamine and helping communities clean up toxic labs. Since 1998, COPS has invested more than $223.5 million nationwide in methamphetamine-related initiatives. The COPS office encourages agencies to focus on community policing approaches to methamphetamine reduction and works with agencies to develop innovative strategies to track and evaluate implementation and disseminate results to other communities confronting similar challenges. Grant recipients are encouraged to develop partnerships with other agencies, including the Environmental Protection Agency, fire departments, mental health and child protection services, local businesses, and other local law enforcement, to combat the spread of methamphetamine in their communities.

The COPS office supports various methamphetamine training initiatives, including awareness training and clandestine lab enforcement training. For example, resources have been dedicated to the California Department of Justice's Western Regional Training Center, which serves California and twelve surrounding states, to provide methamphetamine-related training to law enforcement officers. COPS has also funded the California Methamphetamine Strategy for continued efforts in combating the methamphetamine epidemic in California.

Additionally, funding through the COPS Methamphetamine initiative has supported DEA efforts to provide awareness training to law enforcement, first responders, and community members, as well as clandestine lab enforcement operations training to state and local law enforcement professionals. Methamphetamine funding has also supported the DEA's efforts to improve the clandestine lab information gathering capabilities, carry out regional information sharing conferences, and assist state and local law enforcement in the clean up of methamphetamine lab sites.

In FY 2003, the COPS office will invest an additional $57 million to support anti-meth strategies, much of it designated by Congress for initiatives in specified jurisdictions.

Drug-Endangered Children

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

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

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

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

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

Methamphetamine Production on Public Lands

Increasingly, methamphetamine producers are also using public lands, such as public forests and national parks, for STLs. In 2002, approximately 348 methamphetamine laboratories were discovered on public lands. Due to the seclusion from law enforcement, methamphetamine producers not only produce the drug in these remote spaces, but also discard the dangerous by-products at crude dumpsites, contaminating the land, water, and natural beauty of the area. Additionally, the toxic waste left behind at methamphetamine production sites poses a significant risk to private citizens, employees, law enforcement personnel and the environment.

Law enforcement agencies at the Departments of Agriculture and Interior shoulder much of the weight of responding to the threat of methamphetamine production on public lands. Led by the Office of National Drug Control Policy, a task force of relevant agencies meets approximately every six weeks to review developing drug threats on or to our public lands and recommends appropriate responses. Later this summer, ONDCP Director John Walters will lead a public education campaign to highlight the problem of both marijuana cultivation and methamphetamine production on public lands.

Drug Courts

For FY 2004, the Administration has proposed an increase in the Drug Courts program of $23.3 million above the FY 2003 enacted level. By expanding the number of drug courts and increasing retention in and successful completion of drug court programs by methamphetamine users, this program will provide an alternative to incarceration by using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

Our International Efforts: Canada and Mexico

Shutting down methamphetamine super-labs is a high priority of the *National Drug Control Strategy*. One of the best ways to do that is to deprive producers of easy access to bulk quantities of pseudoephedrine.

Canada is the dominant source of pseudoephedrine due to the lack of regulatory controls on precursor chemicals. Certain Canadian drug companies imported large amounts of cheap powdered pseudoephedrine from China, India, and Germany, and pressed the substance into tablets for sale. Once in tablet form, the pseudoephedrine became legitimate "cold medicine" in Canada and could be exported in huge quantities on large trucks.

This January, President Bush cited his concern over Canadian pseudoephedrine diversion as part of his narcotics certification determination, and Canada promulgated new chemical control regulations. While an improvement, the regulations are still weak in that they limit law enforcement's access to transaction records and put Health Canada, rather than Canadian law enforcement officials, in charge of implementation. These new regulations, combined with joint U.S./Canadian law enforcement operations (Operations Mountain Express I, II & III and Northern Star) may have already had some impact on the flow of precursor chemicals from Canada. It appears that these operations may also have convinced some criminal groups in Canada to switch from exporting large amounts of pseudoephederine to directly producing and exporting smaller amounts of methamphetamine or MDMA. Sustained precursor chemical control efforts in Canada, combined with future joint law enforcement investigations, will be necessary to disrupt methamphetamine production in the future.

We continue to build on our successes with President Fox's administration in Mexico. Our neighbor to the south produces an unknown – but certainly significant – quantity of methamphetamine each year, in addition to thousands of tons of marijuana and more than seven metric tons of heroin. Upon entering office, President Fox recognized that his vision for a prosperous Mexico had no place for institutionalized drug cartels and the corruption and lawlessness they foster. Since taking office in 2000, President Fox has strengthened law enforcement cooperation with the United States and began reforming dysfunctional and sometimes corrupt institutions. Consequently, a number of major traffickers have been apprehended, more than 300 of their immediate subordinates have been taken off the streets, and the Fox Administration has stepped-up efforts to go after corrupt officials in the government and military.

All of these efforts will help stem the flow of drugs, including methamphetamine, into our nation. The United States will continue to support Mexico's drug control efforts through a combination of technical and material assistance that focuses on training and operational support for organizational attacks and arrests, disruption of money laundering activities, as well as cocaine and drug interdiction and eradication.

Access to Recovery Treatment Initiative

While not exclusively targeted at methamphetamine, the President's *National Drug Control Strategy* recognizes that reducing the demand for drugs is an indispensable component of reducing the threat posed by any drug. With this in mind, the President's Access to Recovery initiative, which requests $600 million over three years for the Substance Abuse and Mental

Health Services Administration (SAMSHA), will help to reduce methamphetamine dependency. As part of this effort, the FY 2004 budget request includes new funding of $200 million in aid for substance abuse treatment and other supportive services. People in need of treatment, no matter where they are – emergency rooms, health clinics, the criminal justice system, schools, or the faith community – will receive an evidence-based assessment of their treatment need and will be issued vouchers for the cost of providing that treatment.

CONCLUSION

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

Mr. SOUDER. Let me start with a couple of basic informational things to try to figure out this array of statistics in front of us.

The statistics on the chart from DEA, are those incidents reported to EPIC or what are those?

Mr. GUEVARA. That is exactly it, Mr. Chairman. This is data that is reported as a result of State and local agencies to the El Paso Intelligence Center, and as a result of the participation of the various law enforcement agencies, we were able to compile this numeric picture of where all the small toxic labs have been located for calendar year 2002 and where all the major Mexican influence laboratories were also located.

Mr. SOUDER. So, for example, Mr. Boozman just testified that there were 955 in Arkansas. That has 390. That would be the difference in the State not reporting to EPIC, some counties? Not all incidents would go through that system?

Mr. GUEVARA. That is entirely a probable reason.

Mr. SOUDER. And the problem that this presents is the chart, while it is indicative of trends, may be somewhat off depending on how a local area responds and what the relationships are in reporting.

Sometimes, like Missouri, I know Congresswoman Emerson has been raising for a number of years and Congressman Hulshof and others, because clearly Missouri had an extremely high number.

The red numbers in the super labs, and I want to make sure we sort this through, you both said that was the bulk, and you are saying 70 percent of all meth comes from in effect those red numbers?

Mr. GUEVARA. Yes, sir, that would be the conclusion. That is where those labs are located. As you can see from the map, a large majority of those are in California. I would say again that our statistics are representative only of labs reported to EPIC and that there may be a number of labs that are not reported. So I would have to offer this as a conservative view of perhaps what the actual problem is.

Mr. SOUDER. In reporting, just so we have this in the record, as I understand EPIC, as well as other regional reporting systems, there is a fee, and most State Police systems are hooked through, maybe Mr. Horton, you could elaborate on this too, either of you, in some counties, like my bigger counties are hooked through EPIC, but some of the smaller ones are not.

I am also wondering whether there is a reporting thing. Part of the difference may be if it is a person producing only for himself and his family, that isn't necessarily perceived as reportable. If he is selling to three people, that might be small. If he is selling in the community, that would definitely likely hit the EPIC system.

Wouldn't this also partly depend on whether they have a drug task force in your area, or some of those kinds of questions that lead to reporting differences?

Mr. HORTON. I would be happy to take an initial shot at that. I think part of the challenge with respect to keeping accurate data on methamphetamine lab seizures is exactly the facts you suggested, the fact that some jurisdictions considering manufacturing, that specific act, to be defined differently. Some States you may find a small lab in the back of a vehicle and there may be an arrest

for methamphetamine manufacturing, but it may not result in a conviction for that specific crime and some localities may in fact consider methamphetamine manufacturing to be defined differently from other localities as well.

Mr. GUEVARA. That is correct, and that is one of the dilemmas. What may be a lab to one jurisdiction may not constitute a lab in another.

Mr. SOUDER. It is really important so Congress does not make a mistake, because every Congressman here, particularly from the Great Lakes region west, is feeling pressure on meth, is hearing and seeing the same headlines in their district, and that is we see far more headlines on meth and meth busts than we do anything else.

It is important, what you are saying here, that is partly because of what I tried to communicate, which is very hard to communicate, is often the meth lab they are busting is in one house covering one person, and it may take 100 of those busts to equal one larger dealer bust that we are getting on other narcotics or even a super lab or a meth precursor distribution, is that not correct?

This is a political problem, because if you see the number of headlines, the community starts to think they have a bigger meth problem proportionately than it is actually there, and you could also misallocate funds chasing the smaller numbers.

The other thing is, I know, Mr. Horton, you had in your written testimony, I think it is important to get on the record, what is meth exactly in the sense of how is it made, and then you also I think, Mr. Guevara, in your testimony mentioned the Internet, that some of the challenges here is, and maybe I will briefly state it and then you elaborate a little, that since this is a synthetic that you can manufacture, and as you said in your written testimony, you can increasingly find these merchants of death who advertise on the Internet and elsewhere, you can pick up for small manufacturing at a pharmacy. You would not necessarily need a precursor dealer. And much like OxyContin is legal in some things and ephedrine is not necessarily legal, it is large quantities.

But the big problem is the large quantities that are coming in and for the mass production, and unless we look at the trafficking organizations for that, unless we look at the trafficking organizations like the big busts in the Great Lakes region that would fuel thousands of these things, we could be misdirected in chasing down individual homes, knocking to see if they are cooking something that night.

Mr. GUEVARA. That is in fact part of the challenge or dilemma, if I can characterize it that way, is that for the small toxic labs, an individual who wants to set up a lab or let's say process the precursors into an ounce of methamphetamine for the local area consumption, he can actually acquire all that he needs and requires for that production through the local business community, whether it is the hardware, whether it is any number of legitimate businesses that he can acquire these.

He can then turn around and, in this scenario you described, whether it is his bathtub or in a trailer or in a car, he can actually then convert using these precursors and an initial investment of

about $100 into an ounce of methamphetamine that he can turn around and sell amongst his circle for a profit of at least $1,000.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. Yes. Mr. Horton, I want you to talk very briefly, in your written testimony you talk about production of meth in public parks and public land. Can you talk about that for a moment?

Mr. HORTON. Certainly. Thank you very much for that question, Congressman Cummings, because it appears to be a growing problem that not only our federally protected lands, but other public lands, whether it be our national forest lands, whether it be our national parks, that not only the growing of marijuana, but the production of methamphetamine sometimes approaching the super lab limit, but often the smaller toxic labs, is done by individuals who want to for very obvious reasons hide the fact that they are producing methamphetamine and for also understandable reasons not do it in their own home and their own car and to not be found.

Later this summer the Director of the Office of National Drug Control Policy, John Walters, will be going to Bakersfield, CA, where he will be highlighting the problem of the production of methamphetamine and also the growing of marijuana on public lands. In response to this problem, it is important from the Federal perspective that we take a cooperative approach to it, because if it is on Federal public lands, the State and local agencies, of course, have less involvement in that, but then it raises the question of how the DEA can be best involved, our Federal prosecutors, and sometimes the Departments of Interior or Agriculture and their component agencies.

At the Office of National Drug Control Policy, we hold a task force meeting about every 6 or 8 weeks with these departments where we review the threat on public lands and how to best respond to it. But the fact of the matter is that these methamphetamine labs, even when they are small, pose a threat not only with the methamphetamine that they produce, but they pose an environmental threat as well, because of the great toxicity of the ingredients used in methamphetamine, and when they are left behind it damages that environment that they are left behind in.

Mr. CUMMINGS. You also talk about pseudoephedrine, and how do you pronounce that?

Mr. HORTON. Pseudoephedrine.

Mr. CUMMINGS. In Canada. I am wondering what kind of discussions have we had with the Canadian Government, if any, with regard to this problem?

Mr. HORTON. Thank you for that question as well, Congressman. I would, after I present the answer, would certainly welcome any further comments from my colleague from the Drug Enforcement Administration on that, because they have also played an important role.

There are three or four, maybe even up to five methods of producing methamphetamine, but the most common ingredient in methamphetamine overall is pseudoephedrine, for some detailed chemical reasons that I will not go into.

Whether the manufacturer is running a super lab or whether they are running a small toxic lab where they are only producing

for themselves, pseudoephedrine is an ingredient, and speaking as a former prosecutor who handled narcotics cases, if we saw somebody with large amounts of pseudoephedrine we often knew why they had it.

With respect to the super labs that constitute, the figures go from 70 up into the 90 percent range by estimates of the methamphetamine that is circulating in this country, one of the great concerns we have had is the fact that many of these super labs get bulk quantities of pseudoephedrine either from or through Canada. We have worked with the Canadian Government to highlight this threat.

In January of this year, the Canadian Government imposed some new rules and regulations pertaining to pseudoephedrine. We view that as an improvement. We don't think they go far enough. We think there is still some room for progress there, and we are going to continue to work with the Canadian Government to make sure these large quantities of pseudoephedrine are not as readily available. Because, frankly, if we can cutoff the ingredients used in methamphetamine, we can break the back of the market.

Mr. CUMMINGS. Do you have anything on that?

Mr. GUEVARA. Sir, if I may add just a note on those two points, pseudoephedrine is the single most important precursor in the manufacture of methamphetamine by the large super labs. Were we able to check that availability, we would most definitely make an impact into the super labs. That is without a doubt.

Our initiatives that we have pursued jointly with the RCMP have in fact indicated that the large amounts of seizures and arrests that have occurred surrounding the investigation of this chemical has resulted in an increase in the price of sudafed in the United States. So that is an indicator that our tactics in law enforcement are working.

Finally, I would like to add another note on your question on the national forestry. DEA's experience has been that we frequently or most often find these public lands being used as dump sites. Missouri, for example, the Mark Twain National Forest has a large percentage of these numbers. I would also like to add that DEA has trained several forest land personnel in equipping them to safely dismantle these labs.

Mr. CUMMINGS. Tell me something. This may have been answered earlier in testimony, but as I look at these numbers on the chart, it is clear you have the concentration going west. I was wondering, why is that? Is that just because that is where they started and it is just slowly moving?

Mr. GUEVARA. If I may, sir, the stats that are on the board, DEA, we stat all the labs, and any discrepancy coming is from the lack of reporting to EPIC. If there is actually more and EPIC is not made aware of it, that would not be reported.

But as to the question of why the concentration in California, and I would characterize it as the Southwest, the fact is that is where demographically a large portion of the Mexican-American/Mexican population has settled, and going back historically to the early 1990's, prior to which methamphetamine production was largely controlled by the outlaw motorcycle gangs, what occurred there was that the Mexicans had access to the chemicals, to the

pseudoephedrine and other things like that, pseudoephedrine being key, they actually had access to these chemicals in Mexico and easily acquired them because they are easily found.

What occurred is they somehow connect with the outlaw motorcycle gangs to the extent they started supplying these precursors. Then of course being the shrewd businessmen they are, they decided we can make it ourselves, and that is exactly what they did. The net result was they were able to produce it in vastly larger quantities at a higher purity, and back to the early nineties when the outlaw motorcycle gangs, the Hell's Angels I would say, were selling a pound of methamphetamine for $10,000, the Mexicans were able to produce more, better, and sell it for $6,000 a pound. So, of course, they moved those criminal influences to the side. They remain engaged, but more in their own circles. They cannot clearly compete with the Mexicans.

What has occurred there, that is where it started in California, and then as we moved eastward and as the demographics changed and many immigrant hard-working, well-intended Mexicans moved across our country, along with them, of course, comes that small percentage of criminals who are using that community either to hide in or to use to transport and eventually distribute this methamphetamine throughout the country, and it continues to move.

Mr. CUMMINGS. I don't have anything else.

Mr. SOUDER. It is really interesting as you look at your map in particular, because a couple of things that become apparent. I know from working with this issue and also my own State and being on the National Parks Committee and stuff, part of it is in the West you have the places for the super labs, the parks and particularly the forest lands, to some degree BLM.

In Indiana, I would bet 100 percent that super lab was down in Hoosier National Forest. That is where the big ones are. We only have one national forest, and bang, that is where they go.

You have it coming up from Mexico, in the State of Washington and coming through Detroit, you can see Missouri is getting hit from both directions, because Canada and Mexico are the biggest places the precursors are coming from, they are hitting in those zones.

I think it is really important in the verbal record as well as the written testimony, in Mr. Guevara's testimony, where you referred to a couple of things. One is, for example, in picking up 22 million pseudoephedrine tablets in Panama and Laredo, we are talking about huge quantities as opposed to smaller quantities.

Also the investigation in Canada, where six executives from three Canadian chemical companies were targeted and sold bulk quantities, if we can get control of the bulk portion, we will be better able then to tackle the regional problems we have in each of our home States.

I also thought that in your written testimony you said the size of the lab does not matter when it comes to the danger level involved. In other words, cases of child abuse, of cleanup, when law enforcement comes in, you are saying the size of the lab is not as critical, partly because they may not even know how to manage the chemicals as well or dispose of them as a super lab, or not disguise it as well. What does that statement mean?

Mr. GUEVARA. One of the considerations is the toxic waste that is generated behind the production. Generally speaking, there is a ratio of about one to five. For every 1 pound of methamphetamine that is produced, there is 5 pounds of toxic hazardous waste that is produced. Of course, they will do whatever they want with that, whether it is just throw it out in the frontyard or flush it down the toilet, literally.

So this toxic waste becomes extremely hazardous, and DEA is responsible for providing that assistance to the State and local, and it does so through the funding of the COPS Program. DEA is at the forefront in working with our State and local counterparts. Today, as we speak, they are trying to become creative and design new ways to bring the costs down, because it is a costly project.

Mr. SOUDER. We have four votes, which is going to take a half-hour. So I am going to suspend. I want to say one other thing. First I want to acknowledge that we have Congressman Baird with us, who has been a leader in the Meth Caucus. We have several witnesses from his area I will let him introduce in the next panel.

I will also say we are going to do a multi-committee hearing in California looking in particular at a number of the parks there. This subcommittee does all narcotics. We also have jurisdiction over the parks. Mr. Ose's subcommittee has jurisdiction over the forests. We are also going to do it in conjunction with the Resource Committee and the Parks Committee there, because we have had several huge incidents there in both Sequoia and up in the Sierra National Forest. So we are going to focus a little bit on some of these super labs and the problems there. Of course, Olympic National Park.

It is not just meth, it is also the synthetic marijuana being produced that is coming through in the transit zones in these park areas as we learned from Big Bend at our hearing in Texas and Organ Pipe in Arizona.

Mr. Baird, do you have any quick questions?

Mr. BAIRD. I appreciate the opportunity to be here. The only thing I would say in response to Mr. Cummings' statement, I formerly was a clinical psychologist and treated folks. I think the key difference between methamphetamine and some of the other drugs is you can manufacture it. So you get a pyramid kind of marketing and manufacturing scheme, where if you can turn somebody else on to using, they can go on the Internet, figure out how to make it, go buy some pseudoephedrine, get some kids to buy large quantities, they can manufacture it.

I don't mean to be pejorative here, but it is somewhat like Amway, in the sense you can create a host of sub-users, and if you can provide the precursor, what happens is once it gets entrenched, you now get a distribution network that expands out.

It is much different from, say, cocaine or heroin where you have to have a central distribution network and there are often gangs, etc. You can make your own methamphetamine from things you can buy in the store. So once it gets entrenched, even if the other areas show lower numbers right now, we have just got a little more history. But when you have a drug that can grow exponentially and can be manufactured at home, you can expect, I believe, frankly, that in other areas meth will begin to supplant crack and some

other things just because of the way it can be made and distributed, which is why it is so deadly and why we work so hard in the caucus, and our law enforcement officers will tell us more about that.

Mr. SOUDER. Thank you both for your leadership. I am sure we will have followup questions. With that, the subcommittee stands in recess.

[Recess.]

Mr. SOUDER. The subcommittee is called back to order. I'd like to now swear in the witnesses on the third panel. Will you raise your right hands.

[Witnesses sworn.]

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

I now yield to Chairman Ose.

Mr. OSE. Thank you, Mr. Chairman. It is a pleasure to be here today. We have joining us on this panel a representative from the Sacramento County Sheriff's Department who has a long and illustrious career, and it is an honor to get the opportunity to introduce him for the purposes of testimony.

Bill Kelly is a captain with the Sacramento County Sheriff's Department, and he's been with the county 24 years. Prior to that, he served his country as a member of the Marine Corps. He has a law degree. His experience with the county is not strictly limited to narcotics, but he has had a wide exposure and experience to all of the various requirements of local law enforcement, and I just want to step through some of those.

He served as a patrol deputy. He has also been involved in the operations side of the department. He was one of the select few that is chosen to serve on our county's SWAT team, and he has now and for the past period of time been the chief of the Sacramento County Sheriff's Department Narcotics Division. He has a good background, a solid record of performance. His testimony, I'm sure, he'll share with us. He does us all a favor, Mr. Chairman, of speaking plainly and directly to the issues we face on methamphetamine, in particular.

I'm pleased to welcome to our witness table Captain Bill Kelly.

STATEMENT OF BILL KELLY, CAPTAIN, SACRAMENTO COUNTRY SHERIFF'S DEPARTMENT, NARCOTICS DIVISION

Captain KELLY. Thank you very much, Congressman. I hope I can live up to that introduction. Thank you very much for having me here today, and on behalf of Sheriff Lou Blanas, the Sacramento County sheriff, he sends his regards to this committee and to Congressman Ose.

Good morning. I'm Bill Kelly. I'm a captain with the Sacramento County Sheriff's Department. I command the Sheriff's Department Narcotics Unit. I'm also the director of the California Multijurisdictional Methamphetamine Program.

In September 2001, specifically, the State of California recognized that there was a need to address the methamphetamine problem from a local level. The legislature and the Governor, upon lobbying by the sheriffs, committed $60 million over a 3-year period to develop frontline law enforcement's effort to combat meth-

amphetamine production and distribution, and we created the CALMET program.

Essentially what that did is, we paid some personnel costs from the State level; whereas, the HIDTA did not pay the personnel costs which run about 80 to 85 percent of any program. Personnel costs are just downright expensive. We can buy equipment; it is always nice to be able to get the money for equipment, but it's the personnel money and the personnel costs for frontline law enforcement that's really important to any local agency.

Local area law enforcement are pretty much charged with the principles of education enforcement and treatment within the narcotics community. We don't do much in the treatment program other than enforce the laws and introduce those who are arrested into the court system whereby, for the users, the drug courts have come into focus, and they assist these individuals who are the users in getting back their lives.

Law enforcement in Sacramento County has found that there's a huge distribution level and production level of methamphetamine, specifically because part of our county is rural and because we have major roadways and thoroughfares that transition the States, specifically the I–5 corridor. I'll bring to light a couple of different recent investigations that we had that should focus a little bit on the production and the distribution of methamphetamine within the State of California.

We recently had one case, just last week, where we took down a super lab just north of Sacramento County. There were 17 pounds of methamphetamine destined for Atlanta, GA. So not only did we produce the methamphetamine in the State of California, but we're also a major source of exportation of it.

We've also found that it's a polydrug culture in a lot of senses. When they can't distribute their methamphetamine, they will distribute other narcotics. In two of our most recent methamphetamine investigations, we seized 115 pounds of cocaine and 144 pounds of cocaine in addition to substantial numbers of methamphetamine. So it's a polydrug culture.

These people are in business to distribute narcotics. The large-scale organizations, the drug trafficking organizations, they are not users. They market their product to society; they don't use it themselves. They are in the business of marketing and making money.

Local law enforcement, specifically at the city and at the county, are the law enforcement most prepared and most identified to address a specific need within a community. There's always inherent problems in policing a community. There are always going to be burglaries. You're always going to have robberies. You're always going to have vandalism, but when you get a product such as methamphetamine that is produced in large quantities and distributed throughout the United States, local law enforcement needs assistance; and that's why we appreciate the House's consideration of the bill in making available, hopefully, funds to local law enforcement to assist them in addressing these problems in the future.

Again, on behalf of Sheriff Blanas, I thank you.

[The prepared statement of Captain Kelly follows:]

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LOU BLANAS
Sheriff

SACRAMENTO COUNTY SHERIFF'S DEPARTMENT
SACRAMENTO, CALIFORNIA
CAPTAIN BILL KELLY

JULY 18, 2003

Good Morning, I am Bill Kelly, a Captain with the Sacramento County Sheriff's Department assigned as the Commander of the Narcotic Investigations Division. In this capacity, I also serve as the Program Director for the California Multi-jurisdictional Methamphetamine Enforcement Teams (Cal-MMET).

The Cal-MMET program was formed and funded in September 2001 to combat the production, distribution, and sales of methamphetamine within the Central Valley and the North State within California. Specifically, the program was designed to train, equip, and deploy local law enforcement officers to address the methamphetamine problem at the local government level utilizing regional task forces.

In addition to enforcement efforts, the program has an educational component focused on middle school and high school aged children.

ROLE OF LOCAL LAW ENFORCEMENT:

Law enforcement is tasked with the enforcement of law and the protection of life and property. With respect to narcotic activity, the principles of education, enforcement and treatment must coexist and support the effort of each.

Local law enforcement narcotic investigations generally constitute a commitment of local funding to investigate and eradicate illicit narcotic activity within a community. Each community throughout the state requires an enforcement effort tailored to respond to that community's particular problem.

When the state recognizes a compelling and significant problem, establishes a policy to respond to that problem, and commits particular resources to the problem, local law enforcement's ability to address the problem is significantly enhanced.

California, and the Central Valley in particular, has an enormous problem with the manufacture and distribution of methamphetamine. It has been estimated that California produces approximately 75% of the methamphetamine distributed throughout the United States. The threat of methamphetamine lies in its availability and the severe physiological effects associated with its use. The violence and environmental damage

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associated with the production, distribution, and use of the drug, as well as the involvement of international drug trafficking organizations, further threaten the country.

The governor and the legislature declared war on those who manufacture and distribute methamphetamine in 2001 by designating $60 million, over the next three years to the Cal-MMET program. This program, in effect since September 2001, has put nearly 120 additional narcotic investigators in the field, eradicating methamphetamine and dismantling drug trafficking organizations in the Central Valley and North State. Without the state's commitment of resources, local law enforcement's enforcement efforts would be severely restricted in the fight against methamphetamine.

GOALS AND MEASUREMENTS OF SUCCESS:

Certainly the laudable yet unrealistic goal is the systematic eradication of illegal narcotics in our community. Each local law enforcement agency measures its success on the community's perception of effective law enforcement efforts and an individual's perception of whether or not the quality of life in the community meets his/her expectations.

As stated, each law enforcement agency in each community will require a different enforcement approach. For instance, in areas plagued by street level drug dealers, the concentrated efforts of law enforcement will solve the immediate problem through apprehension and product seizure. However, these efforts will displace those who continue to deal narcotics to another area. The purchasers of these substances generally end up in the court system and the cases adjudicated in either diversion/treatment, or incarceration.

The Kern County CAL-MMET program is reflective of this type of concentrated enforcement effort. Since January of 2002, the twelve detectives assigned to the Kern CAL-MMET program have affected 332 arrests and removed 50 children from a drug-endangered environment.

In rural areas, manufacture and distribution routes may be the local problem. These types of investigations are very time consuming and will eventually result in the closure of a lab and closure of a distribution route. The Tulare County CAL-MMET program has been successful in locating 46 methamphetamine lab sites and 69 manufacturing dumpsites. Of the 46 labs, 11 were considered super labs capable of manufacturing more than 10 lbs of methamphetamine. Individuals arrested for manufacturing and distribution offenses generally incur lengthy sentences for incarceration.

Law enforcement is best served by attacking the drug trafficking organization itself. These investigations are even more time consuming than the latter, and convictions usually result in significant sentences for incarceration. Additionally, these investigations are costly and require significant resources. By shutting down an organization before it can acquire chemical components, precursor materials and hardware to manufacture, or by seizing the narcotic before it reaches distribution points, law enforcement has achieved considerable success.

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The Sacramento County CAL-MMET program has shut down 8 large-scale drug trafficking organizations, while the San Joaquin County CAL-MMET program has shut down an additional 3 large-scale drug trafficking organizations (DTO's).

Sacramento County and Fresno County alone have seized in excess of 234 pounds of methamphetamine since the inception of the CAL-MMET program. Additionally, these counties have removed remarkable amounts of cocaine, heroin, marijuana, and ecstasy from circulation.

Let me take a moment to put this in perspective with respect to actually how much methamphetamine was then removed from street distribution. At 94% pure, the 234 lbs of methamphetamine would have been cut 3 times to about 25% purity. These 234 lbs of methamphetamine now equate to 702 lbs, or about 321,516 grams. A dosage of use is approximately .20 grams. You now have about 1,607,605 dosages of methamphetamine selling at approximately $20 per does. This equates to approximately $32,152,100 that was removed from a drug trafficking organization, along with approximately 1,607,605 does of methamphetamine removed from the narcotic users community.

PURITY/PRICE

Law Enforcement suppression efforts can be effectively measured by the reduction in availability of the product. Economic variables such as the price for the product and the purity of the product fluctuate with effective enforcement efforts.

Success of law enforcement efforts cannot be measured by arrest statistics alone. Subjective measurements of success can be found with increased quality of living in areas that have undergone concentrated enforcement action. Quality of life issues such as viable neighborhoods, parks, and schools are reflective of areas that are conducive to good economic investment such as businesses and recreational venues.

RELATED NARCOTICS

Investigations continue to reveal that large-scale methamphetamine organizations often traffic in more than one type of narcotic. In fact, in two separate methamphetamine investigations in Sacramento County alone, seizures of 115 pounds and 145 pounds of cocaine were seized in addition to remarkable amounts of methamphetamine.

EDUCATIONAL PROGRAMS AND 1-866-METHLAB

Local law enforcement takes an interest in the community and the modern trend in law enforcement has been Community Oriented Policing strategies. When the state adopts policies that facilitate law enforcement efforts,

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law enforcement is able to directly go into the community and schools and educate adult, teenagers and children about the debilitating effects of narcotic use. The CAL-MMET program has made a commitment to this end.

Additionally, the CAL-MMET program has published and circulated a number of public service advertisements in an effort to inform the community about the evils, pitfalls, and downfalls of methamphetamine abuse.

By establishing tip lines that allow individuals to remain anonymous, individuals are encouraged to keep watch over their community and report suspected illegal narcotic activity.

CLOSING

On behalf of Sheriff Lou Blanas and the Sacramento County Sheriff's Department, I thank you for the opportunity to appear before you today.

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Mr. SOUDER. Well, thank you very much for your testimony. I'm going to go ahead and introduce the next two witnesses. I'll let Congressman Baird, if he gets here, then sing your praises in more detail, but we appreciate very much Chief Martinek from the Vancouver, WA, Police Department and Sheriff Lucas from Clark County, which is Vancouver—west, is it, toward the coast; would that be Clark, or north?

Sheriff LUCAS. Actually east and west and north.

Mr. SOUDER. It's all around, and Vancouver is the center of that county. Does it go to Longview?

Sheriff LUCAS. Vancouver sits in the lower southwest corner of the county.

Mr. SOUDER. But we thank both of you. We've heard about the Washington State problem and are looking forward to hearing your testimony. And then we'll ask questions and draw it out a little further.

Chief Martinek.

STATEMENT OF BRIAN J. MARTINEK, CHIEF, VANCOUVER, WA, POLICE DEPARTMENT

Chief MARTINEK. Thank you, Mr. Chairman and members of the committee. I appreciate the opportunity to speak to you. I am Chief Brian Martinek, the chief of the Vancouver Police Department, as our mayor likes to refer to it, America's Vancouver. And we don't want to be confused with Canada's Vancouver, but with the 2010 Olympics coming, come to our Vancouver anyway. Spend your money there.

But anyway, it's indeed a pleasure to be here and an honor to be able to testify on what is a major problem in our area, and across the United States obviously, after hearing some of the testimony. Methamphetamine, unlike most common illegal drugs that are abused like heroin and marijuana and cocaine, has a negative impact on our society in every stage of its existence, from its manufacture to its distribution.

And to the use of it, it is different in that fashion; and a negative impact of this drug is that it has tentacles that can often and do often reach every level of our society. And I think that's the important focus for all of us to remember when we're trying to address this problem. It is multidimensional, as the captain was pointing out. There are more things that—related to this drug in terms of its negative impact than with most of the others.

The drug's use, distribution and manufacturing is a problem with multidimensional consequences affecting men, women and children. It knows no cultural or ethnic boundaries. It affects people. Businesses, teachers, homeless, doctors, lawyers, the justice system, police and public officials are all dealing with its effects. Whether we are using it or not, it affects us, and I think that's what I've heard consistently with every group that has talked here today; and what I would hope we would look at is a multidimensional strategy for ridding our area of it.

In my 18-year career, including 6 years specifically assigned to a drug task force, starting in the early 1990's, we saw methamphetamine as a predominantly domestically controlled drug that has now in a very short period of time taken on an international

competitive nature. This drug is indeed an internationally marketed drug and supplied drug.

As a law enforcement officer, I've seen the drug involved in every part of the law enforcement field: murder investigations over meth lab businesses, where one person was killed simply because of a marketing difference and how they were going to market and sell their product; businesses affected by the direct result of employees being on methamphetamine and using it while they're working; labs in apartments and hotels and vehicles, which affects every part of society in that labs blow up. You don't have scientists running these labs; you have people who don't know what they're doing that are oftentimes high when they're doing it.

Burglary, fraud, theft and other property crimes skyrocketing is a direct result of sometimes organized groups of methamphetamine-connected criminals.

I think it was interesting to hear the captain talk about the multitude of different activities that these groups take on. It is not just drug trafficking. Organized groups in our area and our region—and I know that this is happening on the West Coast—are organizing people who are using methamphetamine to steal people's identities and use that information to make money; and eventually that money is put back into the methamphetamine purchasing part of the business.

Theft and other computer technology-aided and -enhanced crimes are often connected with our search warrants and arrest of people who we serve search warrants on for methamphetamine. Seventy-five percent of the Clark County prosecutor's felony drug case load involves methamphetamine. A major portion of the people booked into the Clark County jail have tested positive for methamphetamine. Police records show a 32 percent rise in the use of methamphetamine in our area over only a 3-year period.

I just had a conversation with one of our mental health professionals who told me that there's a significant rise of assaults on medical staff, including mental health workers in emergency rooms across our region, directly attributed to methamphetamine users who are going through violent phases of the use of the drug.

Its spread has gone from a predominantly West Coast presence to being prevalent around the United States, including the Midwestern sections and parts of the East and southern United States. It is quickly becoming the No. 1 drug problem in the United States because of its multidimensional effects; and I would say that if you don't have it in your State or you don't have a significant problem, you will, and that is based on experience from talking to other chiefs across the United States.

One of the focuses I hope this group will take, and this legislation can help address, is the environmental concerns because of the chemicals that are dumped into the sewers, the watersheds and the streams of our areas. It is a fact that the end waste product of meth labs is responsible for contaminating not only homes and businesses and apartments and motels, but it's also being dumped into our wildlands, into our public parks and into our national parks. We find on a regular basis meth labs, small and large, that have been dumped into different areas of our region.

The average cost of a meth lab cleanup for law enforcement in our area is between $5,000 to $10,000. I need to point out that's the law enforcement cost for cleanup. The next cleanup process is that of the owner of the residence, and I heard some talk about judges assigning the suspects a task to pay back for what they cause in damage. That rarely happens. Without DEA funding and training, we would be severely underbudgeted for the cleanup alone.

The other effect that it has, though, is that the owners—in most States the owners of the property where the meth lab was at are responsible for the eventual cleanup of that residence before anyone can move back into it legally. There is a big impact on owners. Last year in the State—or in 2001, in the State of Washington, we had over 1,300 meth labs. Last year as you saw from the DEA's numbers, we had 1,450 meth labs.

We absolutely need a multi-disciplinary approach to the strategy for the elimination of methamphetamine from our communities. Prevention, interdiction, treatment and a strong chemical precursor control and law enforcement legislation is needed. We need to wrap up our ability to control precursors, both in the United States and coming from outside of the United States as we heard in the example from Canada, before we are going to get control of these large super lab type organizations that are running that methamphetamine up the coast.

We share the I–5 corridor with the Captain's agency, and I think that is one of the reasons, in answer to the question of why there are so many high numbers on the west end of the United States and then going across to the Midwest.

The U.S. Government can help local communities most by supporting and maintaining appropriate funding, legislation and personnel support to our mission. In our southwest region of Washington State, we have no U.S. Attorney's Office or Federal Court, and we don't have a strong presence and staffing of law enforcement Federal agents there, because we are in between sort of a barrier with the Portland District U.S. Attorney's Office and the Seattle district being 130 miles away from us. It causes some logistical issues that do not always get us the kind of law enforcement assistance that we need.

Having said that, the Western U.S. attorney, John McKay, is doing a great job of starting to improve that process for us, but it is something where we do need some very, very much long overdue help from the Federal side in terms of law enforcement.

We are not going to win the war against this epidemic or any drug epidemic without the cooperation and collaboration of the Federal drug system. That is just the fact of the way this system works up, especially when you are trying to go to the top end distributors. Lack of Federal courts in our area has been a problem for us.

We, however, do really appreciate the support we have had in terms of the Byrne grants and HIDTA funds and recently we were awarded $225,000 out of the Department of Justice COPS fund to do a methamphetamine research and strategy project that would give us a better idea of what the effects are in our local community.

Vancouver has 150,000 people. Clark County altogether has about 350,000.

We want to involve the community as we do in other areas of law enforcement so that they are a part of coming up with the solution, because, again, in closing, to make any strategy work, it has to be a multi-dimensional, multi-disciplinary approach, that includes prevention, that includes treatment, legislation and enforcement, and the community has to be a part of that strategy, or it is not going to work. It will not be safe for people to come and help us unless we have the leaders of the community, both formal and informal, speaking up and being part of the solution.

So I thank you again for this opportunity. If there is anything else we can do, we would be glad to be part of it.

Mr. SOUDER. Thank you very much.

Sheriff Lucas.

[The prepared statement of Mr. Martinek follows:]

CITY OF VANCOUVER

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POLICE DEPARTMENT

BRIAN J. MARTINEK
Chief of Police

Congressional Hearing: Facing the Methamphetamine Problem in America
July 18, 2003

Local Concerns

- Clark County, Washington, a part of the Portland, Oregon metropolitan area, is designated as a High Intensity Drug Trafficking Area. With nearly 375,000 residents today, it's the fastest growing county in the State of Washington with a 38% increase over the past decade.
- UCR records indicate that drug crimes are skyrocketing, with adult arrests for drugs in 2001 at 1,356, nearly double the number from 1998.
- Local police records show a 32% rise in reports of methamphetamine use over just the past 3 years and more offenders are booked while under the influence of meth than all other controlled substances combined.
- In the first half of 2003, nearly 9% of jail bookings in Clark County, Washington were for possession of/intent to deliver a controlled meth/heroin/cocaine, with steady increases of 1% each year for the past 4 years.
- Over 75% of the Clark County Prosecuting Attorney's felony drug caseload involves methamphetamine – last year alone, 860 felony drug cases were prosecuted and this number continues to grow substantially each year.
- Last year 1,310 clandestine meth labs were seized across Washington State, representing a serious health threat to the community and substantial cleanup cost.
- Reduced sentencing guidelines and cuts to Department of Corrections supervision for released drug offenders are likely to encourage further drug involvement in the State of Washington.

Strategic Approaches

The law and justice community places emphasis on those who manufacture, deliver, and use controlled substances in an effort to combat methamphetamine issues in our community by proactively addressing the problem at its root, and we are working with our community partners to end methamphetamine abuse in our region. We rely heavily on partnerships with federal, state, county, and city agencies as well as local business, nonprofits, and our community members.

Continuing Support Needed

Federal assistance enables us to respond more effectively to methamphetamine-related issues in our community. For example, last year the City of Vancouver received $222,222 in funding from the Department of Justice COPS office to design and implement proactive investigative, enforcement, and outreach strategies to address serious crime and neighborhood livability issues related to the manufacture, distribution, and use of meth in our region. HIDTA, Byrne, LLEBG, COPS, and other federal grant programs make it possible for us to proactively address methamphetamine and other public safety issues in our community.

Conclusion

We know the use of illegal substances results in crimes against people and property in our community. Research continues to indicate that successful completion of drug treatment programs reduces the likelihood of subsequent criminal behavior, and education and outreach efforts can prevent drug abuse and related crimes altogether. Federal support for local agencies through HR834 will provide opportunities for a multi-disciplinary approach to CLEANing-UP meth problems in our communities.

Sheriff LUCAS. Chairman Souder, members of the committee, I am Garry Lucas. I am the sheriff of Clark County, beginning my fourth term and 36th year of law enforcement service with the county of Clark.

Our methamphetamine problem began in the mid-1970's, so we have been wrestling with this issue for some time. In a recent series of four articles by the Vancouver Columbian on the methamphetamine problem in Clark County, one official described it as being of epidemic proportion. The abuse of methamphetamine is growing rapidly within our communities and across the country. If it is not a problem in your community now, it will be.

Methamphetamine abuse is pernicious. It is extremely addictive, relatively easy to produce, gives an intense, long-lasting high, and is cheaper on the street than heroin or cocaine. The chemicals used to produce meth are poisonous, explosive and environmentally hazardous. Users coming down from this intense high suffer from delusions, depression and paranoia. They often react violently and unpredictably to those around them.

Methamphetamine's effects slice across the fabric of our community. Individuals using meth suffer physical and mental dissipation, families disintegrate in its wake. We found toddlers sleeping and playing in direct proximity to toxic clandestine meth labs.

Children in our grade schools have been caught with methamphetamine in their possession. Neighborhoods are alarmed by meth cooks, dealers and their customers. Our wilderness areas and campgrounds have been defaced by meth cooks dumping their toxic wastes. Rental owners have had their properties devalued by the results of meth labs in their units. Rental houses where meth labs have been producing have been demolished because it was simply too costly to renovate the property. Our community's quality of life has been degraded by methamphetamine production and use.

The costs of dealing with the problem are immense. A Portland, OR, Police Bureau study revealed that 80 percent of their fraud, forgery and identity theft cases were related to the use and production of methamphetamine. Fraud, forgery and identify theft are our fastest growing crime category, costing tens of millions of dollars in our three-State region.

Clark County government is spending millions of dollars in the criminal justice system, the social service system, the medical community, the mental health community and substance abuse treatment community that can be directly attributed to the production, sale and abuse of methamphetamine.

Let me close with a thank you to our Federal Government. Inclusion of the southwest Washington and Northwest high intensity drug trafficking area is viewed by our law enforcement agencies as a ray of hope. COPS grants give us manpower that we would not otherwise have to be able to address this issue. Byrne grant dollars are the backbone of our Clark's Community Drug Task Force. We would not be able to continue our efforts at their current level without them. Byrne grant dollars have funded 60 percent of all drug prosecutions in Clark County. Your infusion of money in the form of meth initiative dollars has enabled us to support a multidisciplinary group of professionals across our State and in our com-

munity to combat the production and use of methamphetamine in innovative ways.

The return of these dollars to our community has been essential. We have used them effectively to combat this growing and vexing plague on our community.

I would end with a plea, and that is please keep our northwest HIDTA, Byrne grant, meth initiative and treatment dollars flowing to the law enforcement, education, prevention and mental health agencies in our local communities to help us address this problem.

Mr. SOUDER. I thank you each for the long travel you have made to come here to give testimony. Generally speaking, we try to have a meth hearing at least probably, this is our second or third one in a period of 3 or 4 years. So you are rare but important participants in a process as we continue to gather information on how to approach the meth question.

Let me ask each of you to respond. I am going to cluster a couple of questions together, and then—before I get into that, I have a couple of technical questions that I want to get on the record before I get into some policy records.

You saw the chart earlier that showed the number of labs. In the Washington State number, it was 1,417. The number I believe you used, Chief, was 1,310. Do you know where that number comes from?

Chief MARTINEK. The 1,350 is from 2001 and the DEA numbers are from 2002. Those are consistent with what we think the numbers would be. But the source of our numbers is from the Washington State Sheriffs and Chiefs Association.

Mr. SOUDER. And do all of your labs go into EPIC and count, or if that was the previous year, you said you think it is consistent with. Do you think you could actually be up to 1,700? You heard us earlier talking about the difficulty of collecting at the local level.

Chief MARTINEK. Yes, and that is a long time difficult process problem across the United States. I would say our numbers are probably pretty close to the DEA's, but I would also say there is no way that I think anyone knows of right now to make them absolutely consistent because of reporting errors. That has been a common traditional problem in law enforcement for my entire career, and my understanding from Sheriff Lucas, it goes beyond the start of my career.

My guess and my information from being involved with the Western States Information Network and EPIC and some of the other narcotics enforcement intelligence sources is some of those numbers are underreported. I can tell you from personal experience that the Oregon numbers seem to be very much underreported that were indicated on the DEA board, and that is typical. I spent 14 years in law enforcement there, and they don't have the reporting systems up to speed with EPIC that Washington State does.

So I think our numbers are accurate, but I can't answer you, because we had such short notice, as to whether they are exact.

Mr. SOUDER. Captain Kelly, do you have any comment?

Captain KELLY. I would agree, Congressman. We pay attention to the stats, we certainly do, but there is no universal reporting mechanism nor mandate. I will highlight this for you.

You saw some numbers that were posted up there by the DEA in 2002 with respect to Missouri. Missouri has seen a huge increase from about 900 reportable labs in 2000 to more than 2,100 in 2001. I was curious about this, so I went and did the research on this.

What happened in the State of Missouri was they came up with a mandated reporting law. But what do they distinguish? Is it a box lab? Is it just flasks? Is it a super lab? Are they reporting just everything? Are they reporting the Beavis and—well, let me put it this way, the mom and pop one small lab, or are they reporting the super lab? So they are reporting everything.

There is no universal system. That is good for the State of Missouri that they do that, because they can track it. I wish we all did that, but we don't. So, it would be nice to have a mandated reporting system with some definitive guidelines, and that way we could track the stats better.

Mr. SOUDER. Pursuing that a little bit, Sheriff Lucas, getting into a broader question, mandatory reporting laws are one way that things would be different. When a county like Clark County becomes highly aware of their problem, how much of this do you think is an actual increase in meth usage versus now you are aware of it, you are tracking it closer, your officers have been trained to look for it? Another way to ask that is Part A. Part B is, is it as severe in the counties around Clark, and, if not, why not? Would it be they are not focused on it as much, or is it in fact as severe?

Sheriff LUCAS. Well, we have been aware of the methamphetamine problem, as I pointed out, since the 1970's, so growth is not attributable to the fact all of a sudden we became aware and started counting. We have been counting for a long time and the numbers continue to go up.

Second, we are in kind of a unique position, because we are the population center for southwest Washington, and the counties that surround us, Skamania County, for example, has a population of about 13,000, I want to say—15,000. Cowlitz County probably greater than that, probably in the 75,000 figure, and Wahkiakum County is similar. So, we are the population center located directly across the river from Portland.

Mr. SOUDER. From what we heard earlier from Arkansas, and this is kind of different, and in my home area which would be similar, the city of Fort Wayne is bigger than the city of Vancouver, the county is roughly the same, but when you move out of Allen County you drop to counties of about 30,000, but meth labs are actually increasing as you move out from the city. Is that true, and why wouldn't it be moving into some of the rural areas?

Sheriff LUCAS. Actually they become dumping grounds and manufacturing spots, because a less-populated county often has fewer officers to be able to deal with the problem, it is more difficult to discover their operation and dumping their toxic wastes is much easier.

Mr. SOUDER. And following up with that, and then I want to do the same thing for Sacramento, one of the things that is fairly arbitrary, we have this problem a little bit as we looked at our Southwest border HIDTA, and we are trying to address that in the new

ONDCP bill a little bit, but the New Mexico State Police and New Mexico agencies view it as New Mexico, and Arizona views their border as Arizona, and California as California, and Texas as Texas, whereas the cartels are much more fluid.

I am wondering how this deals around State lines? In my area, Fort Wayne is dominant, but clearly as a shopping region, as a TV region, as everything else, western Ohio moves in, southern Michigan moves in. In your area it has to be even more pronounced with Portland. When you do regional task force things or when you look at a problem like meth or heroin or cocaine, marijuana, Ecstasy, do you pull toward Portland, or do you pull toward Seattle, because you are part of the State of Washington?

Sheriff LUCAS. There are several distribution routes that flow across the West Coast. I–5 is the main distribution channel. It goes into the tri-cities area, into the Yakima area, and north into Vancouver, B.C., through Seattle. We try to coordinate our efforts with DEA. Our Clark Community Drug Task Force is connected. We attempt to do our interdiction efforts. Our efforts have led us into California, and California folks have developed cases in Clark County and on up into Vancouver, British Columbia. So the law enforcement network is fairly well tied together.

Mr. SOUDER. Is Vancouver considered part of the Portland SMSA, the Standard Metropolitan Statistical Area?

Sheriff LUCAS. I believe so.

Mr. SOUDER. Do you have anybody that sits on any drug task force in Portland or on any HIDTA in Portland, or do you sit on all the Washington things but coordinate them with Oregon?

Chief MARTINEK. The answer is we do both. We actually have an officer assigned to the DEA task force that is the liaison to our drug task force. He works out of Portland with that task force, and they go back and forth.

Sheriff Lucas and I are on some drug advisory committees, including the ETTF task force over in Portland. We do draw into Portland. That is a big part of our trafficking, it goes across the border there. But the fact is the I–5 corridor is our main route and it goes from one end of the country to the other and affects us very much so.

Mr. SOUDER. Let me ask another Washington question. Do you see much swapping of your meth for BC-bud? In other words, what we are hearing from Canada is—they are obviously selling—let me quote Customs. If they see somebody with a hockey bag coming across the border, they assume it is BC-bud. They are not just coming to live in the United States with the BC-bud, they are usually walking back with cocaine, sometimes heroin.

The question is are they taking any meth back, or is meth not transported that way?

Sheriff LUCAS. I don't have any specific knowledge that would relate to that question.

Chief MARTINEK. I am not aware of meth being traded that way either.

Mr. SOUDER. Are your precursors, particularly for your larger labs, are they coming from Vancouver, Canada, the other Vancouver?

Sheriff LUCAS. The large volume of ephedrine principally is coming from Canada.

Mr. SOUDER. We had one case being closely investigated in one of my counties where a biker gang had actually sent somebody through pharmacy school and had set up a traditional pharmacy which became the laundering agent. Have you seen any of that penetration spoke the pharmacy community, where they could actually feed the local labs?

Chief MARTINEK. What we see more commonly is because we don't have as tight a precursor law as, say, California does, they don't have to put someone into the chemical companies. They are able to get large amounts of precursor chemicals through legitimate companies because of the lack of awareness and the lack of legislative authority to stop that. That is most common. I have not personally, and I don't think our drug task force, has seen that in the State of Washington. However, we have investigated and are investigating several Internet suppliers.

Mr. SOUDER. Captain Kelly, in California, your Sacramento County, could you give a little bit of the population with that and the nature of the territory that you are working with?

Captain KELLY. Sacramento County is about 1,000 square miles. It is pretty much heavily populated. The population is about 2 million within that general Sacramento County area and the outlying areas of Placer County, El Dorado, and Yolo, Sacramento being the hub of both Highway 50, Highway 80, I–5, and also the Sacramento River, the ports, and also having the delta where we have a lot of migrant workers. We have rural portions out there. Those are where our super labs would be. We also have the international airport.

So we are a major hub for transportation-distribution. And it is interesting you brought up the exchange of coke for BC-bud. We just finished a case with that, where there was an exchange of BC-bud down through the I–5 corridor, that we just nailed somebody transporting 75 kilos up to Canada in exchange for that. So it is a major distribution route.

Mr. SOUDER. In the earlier discussions where we talked about meth predominantly being a rural phenomena, why do you think the Central Valley has evolved differently and the major metropolitan area has evolved differently?

Captain KELLY. I will take you through the steps on that, sir. Methamphetamine can be produced, and you brought up earlier how it is easily found on the Internet. I brought this with me. I printed this out on the Internet the other day. It is easy to find this stuff about how to produce methamphetamine.

Within the cities, within heavily populated areas, you have a difficult time making large quantities of methamphetamine because of the odors, because of the physical hazards of taking the chemicals, the supplies, and everything into a heavily populated area. So you get your smaller labs and your different methodologies such as the "Nazi" methodology, the different methodologies that these meth users and meth cookers make their products.

As you get into the outlying areas and start getting into the super labs, you have more vacant area, more rural area, where the chemicals are not as detectable. There is availability of chemicals

from the farmlands, where they can go rip these farmers off for their anhydrous ammonia, and then they can set up shop out there in some rural portion of the field, and they will cook 20, 40, 60, 100 pounds of meth within a 24-hour period. They dump the chemicals into the groundwater, into the ecological supply, they are on the road, and so is 100 pounds of meth, plain and simple.

Within the cities, you can't do that, so you get the smaller labs. So the more rural area, the larger the labs you will get.

Then, of course, generally the Mexican nationals and the migrant workers sometimes are more or less associated with the cooking portions of it, and they kind of avoid the heavily populated areas. Either they can't live there, they can't afford to live there, they can't find jobs there, something like that. But it is not all Mexican nationals. It predominates that.

Mr. SOUDER. Is the Sierra National Forest close to you?

Captain KELLY. Yes.

Mr. SOUDER. Isn't that where they found the heroin poppy growing?

Captain KELLY. Yes, it is. That is interesting too. It is very close, about 60 miles away from Sacramento. Growing poppies in the State of California, other than the State flower, unbelievable.

Mr. SOUDER. Is that part of the giant labs in your area, the super labs, the heroin, the quantity of BC-bud, the coke busts that you talked about, is Sacramento a hub because you have a number of these national forests and open areas around it, and then they move through Sacramento to move to other parts of the United States? In the Central Valley, what would be the other major hubs? Would Fresno and Modesto have similar things?

Captain KELLY. They do. They butt up to the Yosemite Valley and the national forests and the parks. They will go into the rural areas, and the more rural the better, the more likely they are not going to get detected. So if they can get into those parks, they certainly will go into those parks. But there is still enough rural land within the State of California and within any of the States, I think, that they can always find their little niche where they are going to make their dope.

Mr. SOUDER. According to this DEA chart, there is 191 super labs that they had reported through EPIC, 159 of which were California, which means that if those super labs were accounting, as they said, for 70 percent of meth sales in the United States, it means that California is somewhere around 60 percent, 58 to 60 percent, of all the meth in the United States is coming, and most of it from the Central Valley, is that correct?

Captain KELLY. There is a lot of meth generated and cooked in southern California, too. You have the deserts, you have rural farmland and everything. I can highlight, within the last year and a half we have seized up in the Central Valley, in the north of the State, 250 labs. Those are actual cooking labs. I am not talking dump sites, I am talking pseudoephedrine reductions. I am talking an actual 250 labs. Out of those, 45 were super labs. They were capable of producing more than 10 pounds in one cook. About 18 percent. That seems to be about the number; 18, 20, low 20 percent is the number of super labs in comparison to the other labs that are found.

Mr. SOUDER. That was just your counting?

Captain KELLY. That was actually just my program for about an 18-month period.

Mr. SOUDER. Mr. Baird has joined us. I told them you were going to give this sterling introduction, so if you want to add anything to the introductions or have any comments or questions?

Mr. BAIRD. I want to thank the chairman and apologize to my good friends back home. They are familiar, we have an area called Camp Bonneville, which is literally coming to a head at the exact same time this hearing was scheduled, plus votes on the floor. My humble apologies, but I just could not be both places at once.

The reason I want to thank the chairman for inviting all three of these individuals, I think it is so important for us to hear from people on the ground who deal with this every day. I have done ride-alongs with the officers, the crew, where they do a great job. But one of the things I think they might help us to understand in the committee and the Congress is the added cost and burden of bringing down a meth site versus, let's say, a marijuana operation or dealing heroin or cocaine.

I wonder if they could talk about some of the added things, and particularly both in terms of financial costs, but also risk to your officers, being exposed to the toxins and possible explosive environment. I wonder if any of the three could enlighten us about that. What kind of challenge do your officers face on the street physically in terms of safety and what are the economic implications of those additional hazards and costs?

Chief MARTINEK. Well, there are extreme costs associated, I would call them extreme costs associated with law enforcement when it comes to meth and meth labs because of the equipment needed for each officer to be able to go in. The dangers are many, and I think that the captain would be better able to tell that part of it. I would just say this, in every case that we go into a house, the potential for a meth lab to be behind the door is there, and the volatility of the chemicals used in the process is always life-threatening when someone goes through the door, and most of the time, unless we have a search warrant for a meth lab, they are going through not necessarily knowing whether there is a meth lab on the other side.

Now, it is true that most of the meth labs we are talking about are not super lab sized, but the end result of an explosion or the chemicals that could permeate someone's skin are, nonetheless, dangerous to our officers.

The training, I said this before in my statement, but the training and the equipment that it takes to just outfit the HAZMAT teams and the police officers that routinely go into these meth labs is very burdensome. Again, if we didn't have the funding we get from the DEA or from the Federal Government, along with our agencies' budgeting, we would not be able to make it. We are getting to that point of where we are breaking.

We have been fortunate to get some funding in that area through Homeland Defense dollars and some other avenues, but we are, at least for my agency, we are way behind in getting our patrol officers and those that may run into that accidentally every day equipped to the level they need to be.

Mr. BAIRD. Thank you. One of the things, Mr. Chairman, that we have worked on in the Meth Caucus has been legislation referred to as the meth mask legislation. Our firefighters have breathing apparatus, etc., and they can go in. Oftentimes our frontline police and sheriffs, they are just going in breathing in these terribly dangerous chemicals, and they have to secure the area, sometimes wrestle with perpetrators, and they are exposed that whole time.

So we believe there is a need for additional support for our local law enforcement officers, and we have modeled this along the lines of the body armor legislation, wherein local law enforcement agencies can apply for grants to help provide basic protective equipment to protect their officers on the street, and, from what we hear, it could be a tremendous help. I would be interested in Captain Kelly's comments or Sheriff Lucas'.

Sheriff LUCAS. I just would say that there are training costs that are associated with people that we send in to meth labs and with line level officers who may encounter a box lab on the street.

There is the personnel productive equipment [PPE], that we have to issue for responders. There are baseline and ongoing medical examinations that you have to provide for people who are entering meth labs on a regular basis. There are the cleanup costs associated with the lab itself. Then there are property renovation costs that are associated with a lab clean-up that normally the private property owner has to bear. If we go in and take down a lab, the costs are significantly more. If we go in to clean up marijuana growing, we go in and we whack down the plants, we throw them in a bag, we take them out and we are done, and so is the property owner. But when you take down the meth lab, the steps are significantly different.

Captain KELLY. They have, I believe, hit on anything I could touch on, other than once you establish an officer and he is trained and equipped, or she, to investigate a clandestine lab, there is recertification ongoing, fit testing for their masks, medical baseline testing.

Sacramento County, you may have a labor organization that says, "Hey, those deputies or those officers that investigate clandestine labs get a 10 percent hazard pay." So those are additional burdens upon a department through a collective bargaining process.

But certainly it is expensive. It is expensive to do so, it is expensive to take care of officers, and it is expensive to take care of a drug-endangered child.

Mr. BAIRD. Perhaps this has been addressed in your earlier comments. I have heard very high numbers in terms of the estimate of the contribution in one fashion or another of methamphetamine to the overall crime problem, be it identity theft. I think you may have addressed that earlier.

Any estimate in terms of what, either direct or indirect, portion of our crime problem, burglary, robbery, identity theft, etc., homicides, we have some huge, terrific homicides in our district with this. Any estimate of that or sense of it?

Chief MARTINEK. We had a quote from Portland Police Bureau that they felt like over 80 percent of their criminal activity that they recorded was attributed to methamphetamine. I have anecdotal evidence, and certainly don't have any hard fact data, but I

think it is not an understatement to say that most of the crime that we see in the Vancouver area is directly attributable to drug abuse, including alcohol abuse, and I would say a majority of that is related to methamphetamine. Certainly without doubt, this spike in ID theft and fraud related to that is absolutely attributable to methamphetamine users and dealers and methamphetamine organizations who use it as a way of funding either to buy the drugs or to buy the precursors to make the drugs. There is no question about that.

Mr. SOUDER. Do you drug test people you arrest?

Chief MARTINEK. We do have some ability to drug test. We don't drug test everyone. We aren't very good at keeping those kind of statistics on the front end. The jail does some testing and the hospitals do some testings that we are just now starting to talk about doing a better job of getting hard data so when we talk about these things it is not just anecdotal. But we don't as a Vancouver Police Department drug test.

Mr. SOUDER. Do you in the prison? For prisoners, do you drug test, and is meth included in that kind of drug test?

Sheriff LUCAS. Some prisoners. I would attempt to address the 80 percent figure. Because fraud, forgery and identity theft is such a huge issue, the Portland Police Bureau and its law enforcement partners in the region have gone together to attempt to form a regional center for the investigation of economic crime. As one of the first steps in forming the center, we tried to relate various criminal patterns to each other. And their 80 percent figure said that 80 percent of their fraud, forgery and identity theft cases were directly related to methamphetamine, 90 percent if you included cocaine in the mix.

Mr. SOUDER. Captain Kelly, do you drug test, as a pattern do you test for different drugs, or do you have to have somebody busted on a drug charge in order to do that? How do you pursue that?

Captain KELLY. It would depend on their history. There have been programs within our jail systems, our main jail downtown, such as the Adam Project, the California Alcohol and Drug Data where we have interviewed and taken tests, and pretty much that is on a volunteer nature.

What we do have, and perhaps I could send each one of you this, is our first year of our Cal-MMET report. We actually did some statistics whereby we went out and tried to capture arrests, narcotics, emergency room admissions and actually deaths related to different narcotics, and certainly methamphetamine was off the scale. Second, believe it or not, was marijuana and hashish.

Mr. BAIRD. One of the questions I would like to ask when we have an opportunity to have on-the-line people who face these problems every day, if there were a couple of things, if you could pick two or three ways in which the Federal Government could help, and often, obviously, it is financial that is important. But it is sometimes other things. I hear about flexibility in the use of funds. I hear about coordination. One of the ways in our area, I know we have a great U.S. attorney who is finally bringing U.S. attorney presence.

Mr. Chairman, you commented on the relationship between Portland and Vancouver. One of the challenges we face there is if you

commit a certain drug crime across the river, it is a Federal offense. It is still a Federal offense on our side of the river, but we haven't had the resources. Having worked in prisons myself, they know this stuff. They know that if they rob a bank in Portland, OR, they are doing Federal time; if they rob a bank in Vancouver, WA, they are doing State time, if any. This drives these poor folks crazy because the robbers come to our side of the river. They commute.

But the original question is, if we could do two or three things, given that money is finite, what would they be, to help on-the-line law enforcement the most to deal with this particular problem?

Chief MARTINEK. From my perspective, Congressman, you hit the nail on the head, that U.S. attorney, Federal Courthouse and Federal law enforcement support and assistance located in southwest Washington is by far No. 1 in terms of having the judicial system in place to help us with these larger organizations.

The second thing would be funding for training and equipment for our personnel.

Third, absolutely of equal importance, would be dollars for treatment, prevention and education, because without that multi-disciplinary approach we are going to be chasing our tails. Law enforcement cannot be the only approach to that problem.

Sheriff LUCAS. Amen.

Captain KELLY. My Sheriff would probably tell you send him the money and he will take care of it. But certainly, as I highlighted earlier, the personnel costs are extremely expensive, and that is a finite consideration here.

When you look at the overall problem, there is education, there is treatment, there is mutual cooperation. Perhaps what we ought to do is take a look at some of the requirements to bring a case forward from a local law enforcement agency to the OCDETF level and looking at OCDETF reimbursements.

I know that the HIDTAs are transitioning some of their thought process into making them OCDETF cities on a larger scale, whereas the Central Valley HIDTA, I believe that Bill Ruzzamenti, the Director of the Central Valley HIDTA, would sit here and tell you that $1.5 million that would be sent to the San Francisco area would be better spent in the Central Valley, whereby he can put it to use, expanding his HIDTA and gaining other counties into the HIDTA.

Mandated reporting, consistent statistical reporting and evaluation, and expansion of the precursor vendor and intelligence program, those are some things that I believe would serve law enforcement' best interests.

Mr. BAIRD. It is a wonderful thing to have folks when something has been said just say amen. The practice here is to say it yourself, but only longer. I appreciate the succinct but very relevant and helpful comments.

No further questions.

Mr. SOUDER. I also wanted to ask Chief Martinek, you had in your testimony that DEA gave you training and funding, and in the written statement from DEA we heard a little bit about what they do for training. What funding stream do they have to help you beyond the training?

Chief MARTINEK. Beyond the training, in the training, all of our drug enforcement agents go through the DEA drug school and also to the meth lab clean-up school so they can be certified. But the funding is for clean-up of meth labs. There are cases where we can get the DEA involved in our meth lab investigations and they will actually be involved to the point where they use DEA funds to help clean those labs up.

Mr. SOUDER. So it is a tie through the task force and it becomes a task force funded through DEA; It is not money they give to local police departments to do it?

Chief MARTINEK. Yes, sir. That is exactly right.

Sheriff LUCAS. The other way they help us is that they bring resources to the table that we don't have. Many times when we are chasing our local crooks, they lead us up the supply chain. When we get to a certain point in the supply chain, it is very helpful to be able to call DEA and say we have a case, these are the facts, these are the people, can you help us. Many times they come to our assistance with money and resources that we couldn't possibly put together.

Mr. SOUDER. You heard me say earlier in this hearing that we are going to be focusing on prevention and treatment. If you have specific cases, because both of your areas have dealt with this issue and are two of arguably the four hardest hit meth areas in the United States, of programs in the schools that target either to a particular group or subgroups on meth that seem to be working on prevention and on treatment.

Now, I want to give you a warning, as we go through this type of thing, that just like a lot of people say, oh, why don't we just give up on the drug war? It is not working. They don't say that as much on child abuse and spouse abuse and they are not eliminated either. This is a tough problem, we are never going to eliminate it.

But a lot of times we hear, well, the prevention and treatment are the hope. We have to be pursuing all ends. But, as you know, many of the people, if not everybody, you are arresting, has been through multiple treatment programs, very seldom anybody who hasn't been through five or six.

How do we find out which ones are effective? We know some of that is insurance reasons, and we know some of it is they haven't really made an internal commitment. So what types of programs help them make an internal program in their head, a head and heart commitment, as opposed to a law commitment, or the family forced them to go in?

What kind of treatment, and are there treatment programs that can specify more in detail on meth, that because you have been tracking this longer, you have that longer? Are there treatment programs that specialize in meth in your area that we might as it spreads across the United States and as we put people in treatment, that we might highlight as examples?

Similar in prevention, in that we are always looking for creative ways to do this. These are a little bit different markets we have dealt with. In reality, it would not necessarily be a program that focuses solely on meth, because we all know it is a poly drug, just like we heard one of the other things we are trying to do is document individual cases.

Part of the reason I asked you whether you measure is we hear these numbers. But at the same time when you read a report of an accident, you often don't hear "was high on marijuana." You may see the alcohol, because often we test for the alcohol. But in many cases we don't even test for meth, ecstasy, LSD, unless there is a reason to suspect it. These tests are expensive for cocaine and heroin.

Therefore, people think, oh, we don't have a drug problem. We have an alcohol problem. We have a poly drug problem in many cases, and this mix, and the alcohol becomes even more potent when mixed with the other drugs, including this really high grade marijuana.

So the degree that you have some prevention or treatment programs in your area, as two of the kind of hardest hit meth areas of the country, we would very much appreciate that.

Also, Captain Kelly, we will be working with chairman Ose too, to look at, I remember when we were in the Sacramento area with a hearing, we had the family, the initial lab that blew up and the little girl that started the lab law and the child abuse law in California.

Any additional information, if you want to submit that here, of how that child abuse law has worked in California on helping you in law enforcement and in prevention and education areas in the community on that, it would be helpful to get it in the hearing's record as well.

Also we heard you have tough precursor laws. If you could tell us a little bit of how you have tightened those up for the record, so we can show what impact that might have had in how we move it.

You also used the example of the Atlanta case in the major lab. We will give you some of these in a printed form too. But because you have had so much activity in the Central Valley area, some of the specifics of some other cases like that Atlanta case, where you think some of the super lab stuff is being distributed.

Mr. BAIRD. Could I comment in response to what you have just said? On the issue of treatment, particularly on meth, the gentleman I know mentioned our Washington State meth initiative. One of the things that we are very proud of is a Meth Moms Program.

We have two programs working, where moms who have been found to be using meth are basically faced with losing their kids, and they are required by the courts to go through both a meth treatment and a parenting program. So a lot of times they are just rotten parents and they don't necessarily know it because they are so focused on meth.

I have met with these folks, been to the program, and they are getting some graduates out, and it is tremendously gratifying to watch them actually learn to parent. One woman said, I thought I was being a good parent, but now that I have been through this, I realize that Ramen noodles every night is not exactly a balanced meal. She just was raised in a culture and by parents who had not trained her well and did not know how to parent, and simultaneously then was hooked on meth.

What we are finding is they are not only coming out and staying clean off the meth, they are coming out and have some pretty good parenting skills, and at least with some of these folks we may finally break this cycle. Because I know the officers know and I used to see it in my clinical work as a psychologist, you see this just heart-breaking chain of people hooked on meth, terrible parenting skills, hooking their own kids on it and creating just further cycles. So this Meth Moms Program has been very effective.

The other thing I think we have done some good work on is integration of law enforcement—I believe Vancouver and Clark County does this. I know Olympia does it—integration with child protective services and our hospitals, so that you have got pediatricians and child protective service workers working hand-in-hand with law enforcement.

One of our programs, the CPS worker is right there right after the bust, goes in with the Teddy bears and stuff, not only takes the kids out, but takes them to foster parents who have been trained in meth. So you have the whole cycle, the kids now taken from the parents, the parents are incarcerated, they go get a thorough physical from doctors who know about the impact of meth.

And then, when they are placed, they are placed in a foster home where the foster parents have been trained in meth. I don't know if you want to comment or there's time, but those kinds of programs, I think, have been working pretty well.

Mr. SOUDER. A comment on that?

Chief LUCAS. Not really, but, again, my personal bias is toward an accountability model. In my years in law enforcement, in observing folks that have been involved in treatment programs, the closer the supervision, the tighter the accountability, in my opinion the more likely the individual is to safely—make it out the other end of the treatment program, relatively successful.

Mr. SOUDER. Thank you.

It was also helpful, because often we forget the U.S. attorney angle, and if you don't have the prisons, if you don't have the U.S. attorneys to prosecute, if you don't have the U.S. marshals to move the people, the whole system starts to break down. And we heard this also in northern Washington, at Blaine in Congressman Larson's district, as he was getting that county flooded, in a very small county, with people coming across from Vancouver. So thank you for that testimony, too.

Thank you for all your frontline work and for taking the time to come here to the other Washington and the other coast to share with us your grass-roots experience, and hopefully we can incorporate these ideas into our meth bill as we move forward in the other areas as well.

With that, the subcommittee hearing stands adjourned.

[Whereupon, at 2:16 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

SACRAMENTO COUNTY **SHERIFF'S DEPARTMENT**

LOU BLANAS
Sheriff

December 17, 2003

Congressman Mark S. Souder, Chairman
Subcommittee on Criminal Justice, Drug Policy and Human resources
2157 Rayburn House Office Building
Washington, DC 20515-6143

Attention: Nick Coleman

Dear Congressman Souder:

In response to Congressman Ose's follow-up questions from my testimony before your committee on July 18, 2003, I proffer the following:

1. In your experience, what have been the strategies and programs (whether law enforcement, education, treatment or coordination between local, state and federal agencies) that have worked in the changing fight against meth?

From the perspective of law enforcement, the coordinated efforts of all agencies within a jurisdictional area remain an effective tool. Communication within each agency and additional communication between the allied agencies is important in narcotic investigations. Specifically, deconfliction is a paramount concern. It is important that investigators from the agency meet and confer regularly to exchange information on investigations and targets. Often times, one agency will have information on a target that is not directly communicated to another agency. Narcotic investigations are expensive and time-consuming. The sharing of essential information between agencies regarding targets, activity, trafficking, and methods of operations reduces confliction and redundant investigations.

The use of multi-agency task forces is an effective strategy. The combined resources of multiple agencies can reduce the cost of an investigation and more effectively deploy investigative manpower.

Certainly education, beginning at the middle school level has shown to be effective. While children at this age often succumb to peer pressure and doing what others think is "cool", it is important that children understand, or at least receive exposure to, the physiological and sociological damaging effects of the illegal narcotic world.

Parental interest in what a child is doing when not under the direct supervision of a parent has shown to be an effective deterrent to narcotic activity and related criminal activity.

Law enforcement, education, and treatment must each work in conjunction with the goals and objectives established by each organization. Each must realize that the ultimate, but maybe unrealistic goal is the complete eradication of illegal narcotics in our society and the desire to possess and/or use.

2. What steps can the federal government take to assist local law enforcement?

Specifically, the methamphetamine problem in the United States begins in the State of California. Our state is the largest producer and distributor of this narcotic. The state is the primary source of commerce for methamphetamine in the US. As such, the federal government needs to recognize that local and state law enforcement cannot address a nation wide commerce problem without the assistance of the federal government.

Funding for personnel to enforce anti-methamphetamine efforts will always be a request from local and state law enforcement. The federal government can assist by expanding the designations and appropriations for methamphetamine specific HIDTA's (High Intensity Drug Trafficking Areas) within the State of California.

The focus of meth investigations often involves high-level targets that have the resources to usurp investigative efforts. Funding and/or support for analytical staff and the maintenance/ purchase of specialized technological equipment are of great assistance to local law enforcement.

Hopefully, I have provided the appropriate information in a very brief account that addresses the questions presented.

On behalf of Sheriff Lou Blanas, it was both an honor and a privilege to appear before the subcommittee. If I can be of further assistance to you in this matter, please do not hesitate to contact me.

Very truly yours,

SHERIFF LOU BLANAS

Captain Bill Kelly, Commander
Narcotic Investigations Division
CAL-MMET Program Director

December 17, 2003

U.S. Representative Mark E. Souder
Chairman
U.S. House Government Reform Committee
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
U.S. House of Representatives
1227 Longworth House Office Building
Washington, DC 20515-1404

Re: Facing the Methamphetamine Problem in America

Dear Representative Souder:

It is well documented that a large and growing drug demand exists in the County of Hawaii. Crystal Methamphetamine, cocaine, Heroin and marijuana continue to lead as the drug of choice for many users. A highly addictive drug such as Crystal Methamphetamine has provided suppliers and distributors with a large and profitable market. As a result, Hawaii Police Department Vice Section officers' primary goal is to dismantle, disrupt, arrest, and prosecute drug trafficking organizations and organized crime groups involved in drug distribution, drug manufacturing, money laundering, and other related crimes.

Since February 2000, a number of joint operations targeting specific drug trafficking organizations have resulted in significant drug seizures, drug-related arrest and forfeitures in Hawaii County. A joint Drug Enforcement Agency, Mobile Enforcement Team, along with Hawaii Police Department Vice Section Officers focused on crystal methamphetamine distribution on the east side of the Big Island in February 2000 and on the west side of the Big Island in September 2001. In January 2003, a multi-agency task force targeted crystal methamphetamine distribution on the east side of the Big Island.

During 2002, the Hawaii Police Department recovered 2,314 grams of cocaine, 944 grams of Crystal Methamphetamine, 77 grams of crack, .32 grams of heroin, 25 grams of hashish, 11,542 grams of processed marijuana and 69,438 marijuana plants as a result of conducting 744 investigations. The results of these types of investigations can be achieved only through additional manpower and federal support with a primary focus on crystal methamphetamine and cocaine distributors.

Thank you for allowing me this opportunity to provide testimony.

Sincerely,

LAWRENCE K. MAHUNA
POLICE CHIEF

LINDA LINGLE
GOVERNOR

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
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Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

Written Testimony of John F. Peyton, Jr.
Director, Hawaii State Department of Public Safety

Submitted to the U.S. House Government Reform Committee
Subcommittee on Criminal Justice, Drug Policy, and Human Resources

July 29, 2003

Chairman Mark Souter and Ranking Member Elijah Cummings:

Substance abuse continues to have a profound social and economic impact on Hawaii. The Department of Public Safety sees its devastating effects daily, particularly in our corrections and law enforcement operations.

70% of those entering Hawaii's criminal justice system have a substance abuse problem. 85% of the incarcerated population have a history of drug abuse. 90% of all parole failures are linked to substance abuse.

The statistics are as dismal with the problem of crystal methamphetamine, also known as ice. Ice is considered to be the most significant drug threat in Hawaii. Ice abusers have been linked to violent crimes in Hawaii, including an alarming number of domestic crimes such as child neglect cases, hostage situations and homicides. In 2001, a survey among cities indicated that Honolulu had the highest percentage of male arrestees who tested positive for ice abuse.

As a major crossroads of the Pacific and Asia, the Hawaiian Islands are ideal distribution points for ice. Local, Mexican, Pacific Islander and Asian drug trafficking organizations distribute ice at the wholesale level throughout Hawaii. Approximately 80-90% of ice seized in Hawaii enters the State in mailed packages and on commercial flights by couriers via the Honolulu International Airport, where we have a Sheriff's Unit providing law enforcement resources. The number of cases initiated by the department's Sheriff Airport Unit through routine searches at x-ray machines and checkpoints have increased dramatically. We have had a 700% increase in the number of controlled substances cases handled by our Narcotics Enforcement Division since July 2001. This upward spiral is certain to continue.

Additional resources for law enforcement personnel at the Honolulu International Airport and narcotics enforcement investigators statewide are needed in the fight against controlled substances such as crystal methamphetamine. Hawaii would also be better equipped to combat ice in the community with a forensic laboratory for standardized drug analysis and forensic testing to support our existing Chemical Diversion Program.

We also face great challenges with substance abuse education and treatment within the confines of Hawaii's jails and prisons. Random rug testing of Hawaii inmates reveals that the drug of choice for offenders is ice. 70% of all positive urinalysis test results are attributed to ice.

By offering substance abuse treatment to treatable criminal offenders, we can reduce the risk that they will commit new offenses. Treatment can reduce dependence on drugs; and therefore, reduce criminality. However, we have limited resources to provide services in this area. The cost of providing substance abuse treatment to a substantial number of Hawaii's in-state incarcerated population is currently unfunded. Only 650 in-state inmates received treatment services this past year.

The response of state law enforcement and the general community to the problem of methamphetamine in Hawaii is heartening. Investigators from our Narcotics Enforcement Division continue to make presentations to schools, legislators, law enforcement agencies, the medical community and the general public on drug identification, drug trends, clandestine laboratories and chemicals used in manufacturing illegal controlled substances such as ice. Thus far, these presentations have been attended by 2,500 persons.

Links to the community have also been established through our jail and prison inmates. On the island of Kauai, inmates were guest speakers at the first of five regional drug summits. On the island of Hawaii, inmates participated in a "Hugs not Drugs Campaign" statewide sign waving campaign. On the island of Oahu, inmates from a minimum-security prison were recent guests at a community meeting on the island of Oahu. They talked candidly about the destructive effects of crystal methamphatamine on their lives; the importance of the community in addressing the problem together; and the critical need for treatment services, not just prison time. Community response has been very positive in all these instances.

There is also a statewide effort to engage the community in Governor Linda Lingle's ongoing efforts to control illegal drug use, particularly with the problem of ice as a major concern. The State of Hawaii begins this week conducting a serious of community sessions geared toward gathering information for an upcoming drug summit in September to be convened by Lieutenant Governor Duke Aiona. Among the goals of the summit, "Hawaii Drug Control Strategy: A New Beginning," are to reduce illegal drug use in Hawaii, intervene in the distribution of illicit drugs, increase access to treatment, and enhance law enforcement efforts.

The Department of Public Safety fully supports the Subcommittee's efforts to reduce drug abuse and address the methamphetamine problem in Hawaii and the rest of the country.

Thank you for the opportunity to offer written testimony.

FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

Testimony of Mayor Bryan J. Baptiste, Island of Kaua`i, State of Hawai`i

Chairman Souder, Ranking Member Cummings, and members of this Subcommittee, Aloha! Thank you for this opportunity to present testimony on the subject "Facing the Methamphetamine Problem in America."

Like many other communities, The County of Kaua`i, State of Hawai`i, is faced with a growing problem of drugs and drug related incidences, especially in the heavy use of "ICE." In order for us to approach this problem, county government needed to make a commitment and priority to coordinate systems, stakeholders and resources in a new approach to eliminate drug abuse.

The issue of drug abuse is a community issue and social problem that needs to be coordinated holistically with a concentration on education, strengthening of families, healthy economy and labor force, and community response in the area of treatment, intervention, prevention and integration.

Statistics on Kaua`i indicate that "Ice" use for adults and juveniles increased between the years 2000 – 2003 and due to its addictive properties have attributed to significant increases in alcohol abuse, depression, suicide and property crime. These addictive properties have also attributed to lost productivity and absenteeism that the private and public sector employers are faced with their employees.

Although we are encouraged by efforts of my administration to employ a Drug Coordinator to mobilize efforts by law enforcement, federal, state and local agencies and the communities to rid the crisis on drugs, we still face the lack of additional funding resources to support our initiatives.

In closing, may I also take this opportunity to say that at the start of my administration, I stated that the "Drug Crisis" on Kaua`i would be a priority of my administration. With the assistance of the County's Drug Coordinator we have initiated five drug summits, established a partnership with the AmeriCorps VISTA program for volunteer assistance, coordinated short and long-term goals for educational and recreational activities for youth, held community meetings with guest speakers from various law enforcement agencies and non-profit organizations and worked with "Make a

Difference," in conjunction with the Department of Education. These programs are the initial start-up of our approach to the problem of eliminating drugs on Kaua`i with the assistance of all stakeholders.

The County Council of the County of Kaua`i and I believe its our responsibility as elected officials to provide a healthy and safe environment for our residents and visitors and need your assistance and partnership to address eliminating drugs and the "Ice" problem on our island. Aloha pumehana.

LINDA LINGLE
GOVERNOR

MARK J. BENNETT
ATTORNEY GENERAL

RICHARD T. BISSEN, JR.
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
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FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

TESTIMONY OF HAWAII STATE ATTORNEY
GENERAL MARK J. BENNETT BEFORE THE HOUSE
GOVERNMENT REFORM COMMITTEE'S SUBCOMMITTEE
ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

July 24, 2003

Chairman Souder, Ranking Member Cummings, and members of this Subcommittee:

Thank you for the opportunity to submit this testimony regarding the critical problem of methamphetamine abuse in Hawaii. As the Hawaii State Attorney General and a former Assistant United States Attorney in this district, I am very concerned about our state's problems associated with the use of crystal methamphetamine, often called "ice." Ice destroys families, destroys lives, and is frequently involved in the commission of many violent and property crimes.

Methamphetamine is the most commonly abused drug in Hawaii. It is the "drug of choice." The City and County of Honolulu participates in the Arrestee Drug Abuse Monitoring program (ADAM). The preliminary 2002 ADAM report included a study of 511 male arrestees and 86 female arrestees. It reported that 44.8% of the male arrestees, and 50% of the female arrestees, tested positive for methamphetamine. The numbers are huge. According to Substance Abuse and Mental Health Services Administration data, during year 2000 in Hawaii, 6,656 people were admitted for drug and alcohol treatment. Of that number, 1,833, or 27.5 % were being treated for amphetamine abuse.

Hawaii Lieutenant Governor James Aiona, Jr., is convening a drug summit, the "Hawaii Drug Control Strategy: A New Beginning," in September 2003, to bring together leaders in the community and at all levels of government to develop a comprehensive strategy for education and prevention, substance abuse treatment, and law enforcement efforts to address the state's growing problems of drug and alcohol abuse.

State legislators have formed a House-Senate task force to gather information and develop legislation to address the problem of drug abuse. They are particularly concerned about the ice epidemic.

Neighborhood boards and community groups around the state have been holding meetings to generate support for their local community anti-drug efforts.

The U.S. Attorney's Weed and Seed program has expanded to three sites on the island of Oahu and is considering other sites. Community groups are looking to the program for direction and support in addressing the drug problems in their areas.

The Legislature has directed the State Attorney General to form a drug nuisance abatement unit to provide an alternative approach to the drug problem. The unit will work closely with police and prosecutors at all levels of government and utilize civil actions to try to abate drug dealing at specific locations.

While I am greatly concerned about the ice problem in Hawaii, I am also optimistic about our situation. I am optimistic because many people, including government officials, policy makers, law makers, law enforcement officials, community organizations, and many residents in this state are all jointly recognizing the seriousness of the ice problem and seeking ways to address it. They are getting together to create comprehensive plans that include components for education, drug abuse and rehabilitation, and law enforcement. People in our state are recognizing the problem and are communicating and working together. These are major steps forward. To be successful, however, we will need the resources to make the necessary programs and initiatives a reality. The timing is right to make a big push to crush the ice problem.

JUL-24-2003 THU 11:41 AM MAUI POLICE DEPT.CHIEFS FAX NO. 18082446411 P. 02

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DEPUTY CHIEF OF POLICE

FACING THE METHAMPHETAMINE PROBLEM IN AMERICA

**TESTIMONY OF CHIEF OF POLICE
MAUI COUNTY POLICE DEPARTMENT
BEFORE THE HOUSE GOVERNMENT REFORM COMMITTEE
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES**

**Chairman Mark E. Souder, Ranking Member Elijah Cummings,
and Members of this Subcommittee:**

My name is Thomas Phillips, Chief of Police of the Maui County Police Department. I am presenting written testimony asking for your favorable support for legislation that will assist federal, state, and local law enforcement in the fight against the illicit drug, methamphetamine.

The County of Maui consists of three populated islands, Maui, Moloka'i, and Lana'i, with a total population of 128,241. The drug of choice in our jurisdiction is crystal methamphetamine, a synthetic substance, commonly known here as "ice."

Crystal methamphetamine, similar to the appearance of rock salt, is commonly smoked with a clear glass pipe and is highly addictive. Crystal methamphetamine has purity of 90% - 100% and in Maui County, sells for $50 to $100 per 0.1 gram.

Over a decade ago, crystal methamphetamine entered our communities and became extremely popular, becoming the drug of choice, due to the availability and euphoric high it produced. Our department aggressively stepped up efforts to educate the public by conducting presentations on the dangers of crystal methamphetamine in the many communities of our county. To this day, we continue efforts to educate the public on the dangers as well as lateral effects of crystal methamphetamine, in presentations at schools, community meetings, and businesses. We have strongly encouraged members of our communities to get actively involved and assist police to rid this enigma from our society.

Crystal methamphetamine use has an extreme effect on families. Family members have been assaulted by angry ice-using family members seeking money to purchase more drugs. Beatings of family members is a common occurrence. Children on Maui have been also found starving because parents were using money intended for food to purchase more drugs. These children have to fend for themselves, and through their experiences, they are effected socially.

In 1996, our former Chief Howard Tagomori, who is also the former United States Marshal for Hawaii, met with former Maui County Council Member Alice Lee to seek solutions for law enforcement, drug treatment providers, and prevention programs to address the crystal methamphetamine epidemic.

With their collaborative effort, former Chief Tagomori and former Council Member Lee founded a coalition group named Icebreakers. The coalition consisted of members of law enforcement, the judicial system, medical, treatment provider's, probation, and corrections. The coalition actively worked together to find answers and develop programs to combat crystal methamphetamine. The services of each entity were molded together to form a cohesive body to battle crystal methamphetamine.

A major accomplishment of Icebreakers was the development of the Maui Drug Court in the Second Circuit Court which started taking clients on August 24, 2000. The Maui Drug Court Program is for nonviolent substance abusing felony offenders. Clients must participate in an intensive treatment regimen that includes regular drug tests. Drug court clients are also under close court supervision and provide clients with essential substance abuse treatment, relapse prevention, educational and vocational skills.

Crystal methamphetamine is a problem in every segment of our community. Nearly every community and nearly every family have experienced the overwhelming negative effects of crystal methamphetamine. With epidemic proportions, this drug has a domino effect which not only affects the user, but also directly affects countless family members, acquaintances, businesses, and government.

During the period of July 1, 2002 to June 30, 2003, our department initiated 1,489 investigations involving crystal methamphetamine and arrested 692 individuals for possession or sale. We are noticing a direct correlation between crimes against persons and property crimes in our county as a result of the use of crystal methamphetamine. The paranoia associated with the use of crystal methamphetamine leads to violent episodes, as we have experienced with murders and other violent crimes against persons. It is also estimated that 80% - 90% of our thefts and burglaries are directly attributed to the drug use by addicts seeking cash or valuables to support their habits.

Methamphetamine abuse is a constant battle which I describe as domestic terrorism. Law enforcement is in dire need of legislation that will enable us to confront this problem that we address daily. I humbly ask for your assistance in providing the tools needed for this task.

Thank you for the opportunity to provide testimony on this subject which affects every element of our community.

Very truly yours,

THOMAS M. PHILLIPS
Chief of Police