

**METHAMPHETAMINE AND DATE RAPE DRUGS: A  
NEW GENERATION OF KILLERS**

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**HEARING**

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE,  
DRUG POLICY, AND HUMAN RESOURCES

OF THE

**COMMITTEE ON**

**GOVERNMENT REFORM**

**HOUSE OF REPRESENTATIVES**

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## **METHAMPHETAMINE AND DATE RAPE DRUGS: A NEW GENERATION OF KILLERS**

**MONDAY, SEPTEMBER 18, 2000**

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,  
AND HUMAN RESOURCES,  
COMMITTEE ON GOVERNMENT REFORM,  
*Atlanta, GA.*

The subcommittee met, pursuant to notice, at 9 a.m., in the Atlanta International School, Atlanta, GA, Hon. John L. Mica (chairman of the subcommittee) presiding.

Present: Representatives Mica and Barr.

Staff present: Sharon Pinkerton, staff director and chief counsel; and Ryan McKee, clerk.

Mr. MICA. I would like to call the House Subcommittee on Criminal Justice, Drug Policy, and Human Resources to order. This morning, we are conducting a field hearing in Atlanta, Ga. The order of business will be as follows: I will start the proceedings today with an opening statement, yield to other Members for opening statements.

We have two panels today and they will be recognized accordingly. The title of today's hearing is "Methamphetamine and Date Rape Drugs, A New Generation of Killers." And this hearing is a part of a series of national field hearings that our subcommittee has conducted throughout the United States in an effort to get a handle on what is happening with illegal narcotics and drug abuse and narcotics trafficking in the United States.

It is my pleasure to be here in the State of Georgia, which is the closest neighbor to my home State and my district, which is neighboring on the south. I did not bring—well, I guess I did bring a little of this weather in the plane last night, but it is on its way away, fortunately. But it is good to be here. And also be here to discuss one of the most pressing and serious issues that faces our Nation and that is the problem of serious drug threats that we have, not only in Atlanta, but from one end of the country to the other.

As chairman of the House Criminal Justice, Drug Policy, and Human Resources Subcommittee, I have traveled across the country to examine the epidemic that we now face in so many of our communities. I am pleased to be here this morning at the request of Congressman Bob Barr. Mr. Barr has served as vice chairman of the panel, he has had this responsibility for about 18 months in tackling, again, a most difficult problem facing our Nation and communities. And I appreciate his leadership.

I want to apologize, we have done a series of hearings and since he is vice chairman and part of the leadership of the subcommittee, his community unfortunately is the last to have this hearing, so I appreciate both his patience and understanding. And also his commitment to working to find viable solutions to the problem we face. We would not be here, again, without his leadership or where we are in the progress that we have made in Washington.

At today's hearing, we will take a close look at the continuing drug crisis, and its impact both in Georgia and Atlanta and this region. Has the explosion of so-called club drugs hit Atlanta, impacted Atlanta and its neighbors, or is it sneaking into your community unnoticed and, as they say, under the radar? Either way, I urge everyone in this community to identify and prevent this scourge.

As we will hear today, dangers to the communities and our loved ones are very real. Club drugs, which also go by the names, the common names we have heard of, such as Ecstasy, Special-K, Meth, GHB and roofies increasingly are the illegal drugs of choice for our young people, particularly at all-night dance parties which are referred to as raves. Club drugs include a wide variety of illegal narcotics, sometimes coupled with abuse of prescribed drugs. Some are stimulants, some are depressants and some are hallucinogenic. They all are dangerous and can be serious and have immediate and permanent health consequences. And as we have noted, unfortunately many times, result even in death.

In many respects, club drugs can be just as bad or worse than crack cocaine, even though many youth seem to think or are convinced otherwise. The drugs are cheap, readily available, and often considered by users to be recreational and non-dangerous. And that is probably most dangerous.

Some users are able to continue to function in their work and social activities, at least for a while. Because of this perceived low risk and delays that may occur before experiencing noticeable harms, club drugs have become a representation of really an insidious national threat.

According to Dr. Alan Leshner, who has appeared before our subcommittee on several occasions—he is also the Director of the National Institute of Drug Abuse, also referred to as NIDA. Dr. Leshner is quoted as follows: “Young adults believe club drugs can harmlessly enhance their experience at dance parties and raves, but there is no safe way to use any of these drugs. There is no such thing as harmless club drugs, and no such thing as recreational drug use.” He is one of our foremost experts, and that is his opinion.

This concern is receiving increased Federal attention. NIDA has increased funding for club drug research by 40 percent to \$54 million. NIDA also created a Web site, [www.clubdrugs.org](http://www.clubdrugs.org), to educate the public. Still more efforts are needed at all levels, local, State and Federal.

One club drug that deserves close attention, and our subcommittee has been reviewing the incredibly growing problem, that is Ecstasy. Ecstasy is also known as MDMA or the hug drug. It is very popular with some teenagers. Some take Ecstasy for its quick high, enticing the user to dance or engage in activities all night. It

speeds up a person's heart rate and body temperature. These characteristics, along with impaired judgment, make for a very dangerous situation at these all-night dance clubs.

According to NIDA, Ecstasy poses long-term, adverse physical risk. Brain imaging studies at Johns Hopkins University show that Ecstasy can damage the brain cells that produce body chemical serotonin. Serotonin is responsible for memory and thought process. We do not know, in fact, that these brain cells regenerate. In fact, some of the information that we have received show that there is, in fact, permanent damage. Consequently, Ecstasy may be causing long-term memory loss in thousands of American young people, without these young people having any idea of the damage that is being done to them.

A survey of high school students indicates that Ecstasy use has increased 55 percent just from 1998 to 1999. It is estimated that 8 percent of high school seniors have used Ecstasy at least once, a figure that is up 2 percent from 1 year ago. GHB, or G, or Rohypnol or roofies are illegal drugs notorious for their use in date rapes and other crimes. These drugs are odorless, colorless and tasteless. They can be slipped unnoticed into a drink. These dangerous drugs sedate users, rendering them defenseless. They vary in purity and potency. Overdoses are actually very common today. Dozens of deaths have been reported.

Methamphetamine, also known as meth, speed, crystal, ice or crank, is a very highly addictive stimulant. Meth, we are also experiencing incredible national explosion with, and meth can cause anxiety, paranoia and cardiovascular problems. Unfortunately, it can be mixed at home, the recipe can be found on the Internet, and unfortunately the ingredients are highly volatile, as we have seen. There have been numerous reports of lab explosions in home basements and garage production facilities.

For many users, club drugs are considered cheap. For example, an Ecstasy pill can cost about \$20. Some pushers simply give them away to lure their victims into drug abuse and addiction. Young users often mix club drugs with other drugs like LSD, PCP or heroin. This can lead to incredibly tragic results. Most young users do not realize how harmful club drugs or mixtures can be.

Research findings indicate that misperceptions of risk by young people are strong predictors of drug abuse. We need to make the message very clear in all of our communities, club drugs are deadly, and our young people should be warned, and others, adults, to stay away from them.

The amount of Ecstasy entering the United States is increasing at a phenomenal rate. In fiscal year 1998, the U.S. Customs Service seized an estimated 750,000 doses. Last year that quadrupled to 3 million doses. In the first 5 months of the year 2000, the U.S. Customs Service seized over 4 million doses.

Club drugs continue to be available from multiple sources, not just local dance clubs. Teenagers can now order them online. In just a few minutes, we will hear testimony, and we will also see how teenagers can order these drugs online and how they have ready access to these drugs throughout our communities.

In just a few minutes, a teenager can locate a Web site that will ship club drugs directly to his or her house or post office box. The

subcommittee has also conducted hearings in Washington on the problem we have of distribution of these narcotics, through legal, even U.S. Postal packaging service.

Our subcommittee also has conducted dozens of hearings on topics of drug control and illegal drug use. Many of them are field hearings like this one. We are continuing to examine drug policies and programs at the Federal level, the State level and the local level. Drug abuse has now taken a toll of more than 16,000 American lives in 1 year, and the cost to society is more than \$110 billion annually. In fact, our subcommittee reviewed the most recent statistics on drug-related deaths, which revealed a horrifying fact, and we are going to announce some of these figures tomorrow in Washington.

In 1998, related deaths to drug abuse, drug overdose deaths, were 16,925. The first time in the history of our Nation, they exceeded homicides which, for the same year, were 16,914. This unfortunately is an ongoing and growing tragedy in America which must be stopped.

I know that our vice chairman and my colleague, Mr. Barr, and I share a strong commitment to doing everything we can to assist our local communities, State, our enforcement, prevention, education efforts. We want to listen today about the local problems, the local successes, and find out what works best, and what we can do in a cooperative effort with these officials to find answers to serious problems that we are facing. And I always say that all the answers are not found in Washington, they are found through individuals throughout America who have good ideas, good approaches and recommendations that we can incorporate into our Federal agenda.

I want to thank all of our witnesses today for their participation, for their willingness to share their ideas and their experience. And again, I am most grateful to our vice chairman of our subcommittee for his leadership on this issue, and invitation to be in Atlanta today.

And with those opening comments, I am pleased to yield to the gentleman from Georgia, Mr. Barr.

[The prepared statement of Hon. John L. Mica follows:]



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**Opening Statement**  
**Congressman John L. Mica**

**"Methamphetamine and 'Date Rape' Drugs:  
New Generation Killers"**

**House Subcommittee on  
Criminal Justice, Drug Policy and Human Resources  
Field Hearing**

**Atlanta, Georgia**  
**September 18, 2000**

It is my sincere pleasure to be here in the beautiful state of Georgia, the closest neighbor to my district and home state of Florida. Recently I chaired a congressional field hearing in Orlando, Florida, that dealt with some of the pressing issues and serious drug threats that we will examine today. As Chairman of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, I have traveled across the country while examining the nation's illegal drug epidemic.

Representative Bob Barr, the Vice Chair of this Subcommittee and a leader in Congress's efforts to fight illegal drugs and make our communities safer, extended the invitation for us to hold this hearing here today.

At today's hearing, we will take a close look at the continuing drug crisis and its impact here in Georgia and the Atlanta area. Has the explosion of so-called "Club Drugs" hit Atlanta and its neighbors yet? Or is it sneaking into your community unnoticed and under-the-radar? Either way, I urge you to identify and prevent this scourge. As we will hear, the dangers to communities and loved ones are real.

Club Drugs (which go by names like "Ecstasy," "Special-K," "Meth," "GHB" and "Roofies") increasingly are the illegal drugs of choice for young people, particularly at all-night dance parties called "raves." Club Drugs include a wide variety of illegal drugs, sometimes coupled with abuse of prescribed drugs. Some are stimulants, some are depressants, and some are hallucinogens. They all are dangerous and can cause serious immediate and permanent health consequences, even death.

In many respects Club Drugs can be just as bad, or worse, than crack cocaine -- even though many youth seem to think otherwise. The drugs are cheap, readily availability and often considered by users to be recreational and non-dangerous.

Some users are able to continue to function in their work and social activities, at least for a while. Because of this perceived low-risk and delays that may occur before experiencing noticeable harms, Club Drugs have come to represent an insidious national threat.

According to Dr. Alan Leshner, the Director of the National Institute on Drug Abuse (NIDA), **"Young adults believe club drugs can harmlessly enhance their experience at dance parties and 'raves,' but there is no safe way to use any of these drugs. There is no such thing as a harmless club drug and no such thing as recreational drug use."**

This concern is receiving increased Federal attention. NIDA has increased funding for club drug research by 40% to \$54 million. NIDA also created a Web site - "www.clubdrugs.org" - to educate the public. Still, more efforts are needed at all levels -- federal, state and local.

One Club Drug that deserves close attention is "Ecstasy." Ecstasy, also known as "MDMA" or the "hug drug." It is very popular with some teenagers. Some take Ecstasy for its quick high, enticing the user to dance all night. It speeds up a person's heart rate and raises body temperature. These characteristics, along with impaired judgment, make for a dangerous situation at sweltering, all-night dance clubs.

According to the NIDA, Ecstasy poses long-term adverse physical risks. Brain-imaging studies at Johns Hopkins University show that Ecstasy can damage the brain cells that produce the body chemical serotonin. Serotonin is responsible for memory and thought processes. We don't know if these brain cells regenerate. Consequently, Ecstasy may be causing permanent long-term memory loss in thousands of American young people without them having any idea of the damage being done.

A survey of high-school students indicates that Ecstasy use increased 55% from 1998 to 1999. It is estimated that 8% of High School seniors have used Ecstasy at least once, a figure that is up 2% from one year ago.

GHB (or "G") and Rohypnol (or "Roofies") are illegal drugs notorious for their use in date rape and other crimes. These drugs are odorless, colorless and tasteless. They can be slipped unnoticed into a drink. These dangerous drugs sedate users, rendering them defenseless. They vary in purity and potency. Overdoses are common. Dozens of deaths have been reported.

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Young users often mix Club Drugs with other drugs like LSD, PCP or heroin. This can lead to tragic results. Most young users simply don't realize how harmful Club Drugs or mixtures can be. Research findings indicate that misperceptions of "risk" by young people are strong predictors of drug abuse. Let the message be clear in all communities: "Club Drugs are deadly! Stay away from them!"

The amount of Ecstasy entering the United States is increasing. In FY 1998, the U.S. Customs Service seized an estimated 750,000 doses. Last year, it quadrupled to 3 million doses. In the first five months of FY 2000, Customs seized over 4 million doses.

Club Drugs continue to be available from multiple sources, not just local dance clubs. Teenagers can now order them on-line. In just a few minutes, a teenager can locate a Web site that will ship Club Drugs directly to his or her house or a post office box.

Our Subcommittee has conducted dozens of hearings on the topics of drug control and illegal drugs. Many of them are field hearings like this one. We are continuing to examine drug policies and programs at the federal, state and local level. Drug abuse kills over 16,000 Americans each year, and costs society more than \$110 billion annually. In fact, our Subcommittee reviewed the most recent statistics on drug related deaths which reveal a horrifying fact: in 1998 drug related deaths (at 16,925) actually exceeded homicides (at 16,914). This ongoing and growing tragedy in America must be stopped.

I know that Vice Chairman Bob Barr and I share a commitment to doing all that we can to assist our states and communities. We want to listen today and learn about local successes -- what works best. The answers to these serious problems are seldom found in Washington. We are committed to ensuring that Washington helps rather than hinders your efforts.

I want to thank all of our witnesses today for your participation and your willingness to share your ideas and experiences.

Mr. BARR. Thank you, Mr. Chairman, and welcome back to Georgia. This is the second visit by Chairman Mica and this subcommittee to the Atlanta area during this 106th Congress, but it is by far not the second trip that the chairman has made on behalf of the subcommittee. I do not know what the percentage is, Mr. Chairman, but I know it is a very substantial percentage of the hearings that Mr. Mica has held on matters that are within the jurisdiction of this subcommittee outside of Washington.

While that may not be unique, other subcommittees and committees hold field hearings in other parts of the country, I think the frequency with which Mr. Mica conducts these hearings outside of the Washington, DC, area is unique. And it is a tribute to his understanding of the problems that are faced by this subcommittee and by Washington, and also reflects his understanding that, in order to develop solutions to these problems, you need to do more than sit inside the beltway and discuss theories and policies. You need to be out in the community listening to the men and women who deal with these problems day in and day out, who are affected most deeply by them. They cannot always come waltzing up to Washington and testify up there before the bright lights and the beautiful committee rooms. They are working men and women, they have families, they cannot just pick up and leave. And Mr. Mica has recognized that, and that is why we hold many hearings all across the country.

About a little over a year ago, Mr. Mica joined us in Smyrna for a hearing looking at another aspect of the work of this subcommittee, and it had to do with immigration policies and illegal immigrants in our communities. Today we are here in this beautiful facility, the Atlanta International School, and I would like, certainly on behalf of the chairman and the rest of the subcommittee, extend our thanks to the staff of the school here for making this beautiful facility available for this hearing today.

Another hallmark of the Mica subcommittee that brings us this hearing today is the fact that his panels are consistently very broad, very objective and very deep in terms of the depth of experience and the type of experience that the witnesses bring to bear to the subcommittee. He does not always go back to the same well and bring the same people, the same type people in over and over and over again. He recognizes that the problems that this subcommittee faces manifest themselves in many different ways and change constantly over time. And the chairman reacts to that by bringing in different witnesses from different backgrounds reflecting the many-headed nature of the drug problem in particular today.

And the two panels that the chairman and the outstanding staff, with our counsel, Sharon Pinkerton and Mr. Gil Macklin who is here, down here accompanying the chairman as well, attest to their understanding of the issue. We have two very distinguished panels, and Mr. Chairman, I know you are going to introduce them but let me just say that it is an honor to be with them. We appreciate—I appreciate, and I know you do as well, the sacrifices they make day in and day out addressing this problem in so many different ways. And we certainly appreciate their taking some time from those very, very important activities to be here with us today to

share their perspective on the problem that we face with regard to these types of drugs in particular, and to help us develop better solutions to address them.

The problem of so-called club drugs is apparent in the very name that is given to them. They are disguised by very benign sounding words such as club drugs, designer drugs. That was a term that was coming into vogue when I served as U.S. attorney here in Atlanta back in the late 1980's. And the names that are given to these killer substances belie their effects. And the way they are packaged belies their effects.

The drug Ecstasy, for example, the chemical name is so long and so convoluted, I cannot even pronounce it. The chemical name for Ecstasy, just as one of these drugs, is 3,4-M-e-f-y-l-e-n-e-d-i-o-x-y-m-e-t-h-a-m-p-h-e-t-a-m-i-n-e. It is very difficult to say. So those that traffic in these drugs, those that deal them to our kids, those that cause the death of our kids package them in very different ways. They come up with pills in bright colors with benign symbols on them, symbols that are recognizable to kids that have nothing to do with drugs. Commercial symbols that they steal.

I know that, in particular, Ecstasy sometimes, they will get these bright-colored pills with commercial logos on them, such as the Mitsubishi symbol, the Rolex watch symbol, cartoon characters such as the Pink Panther and all sorts of other things designed very clearly not to convey to the young person, or whoever it is that is taking it that this is death. It does not have a picture of the Grim Reaper on it, but it might as well.

But of course, those who deal in these substances know that, if the truth were known, that they would be out of business, so they disguise the truth. They package these drugs in very benign format and do not tell the kids the lasting damage or the immediate threat that they face by taking these drugs.

Yet they are used with increasing frequency. In this very area, we have—one of the guests that we have, one of the witnesses we have today is former mayor of Atlanta, Sam Massell, who has been very active for many years in this very community, in the community of Buckhead, and he is very well versed in the particular problems involving these type of drugs and other drugs that are used with frequency in the so-called night club scene and youth dance halls and so forth. And he knows, as all of our panelists do today, as well as you, Mr. Chairman, that club drugs are not club drugs, they are death. Designer drugs are not designer drugs, they are death.

And the men and women that are here today, unlike many in Washington, understand that these are a threat and that we need to take action. And that we need to be out there aggressively fighting this scourge. And they are doing so. The men and women that you have brought here today, Mr. Chairman, the parents, the community leaders, those involved in rehabilitation efforts, the law enforcement and prosecution folks from the Federal and our local government levels illustrate also very aptly the nature of addressing this threat. It has to be a team effort. It does not affect us just at one level of government, it does not affect just one household or one community. It affects all of us. And bringing to bear the combined wisdom of these and so many other folks whose time did not permit

them to be here today, I think, Mr. Chairman, will help us much more than some study inside the beltway up in Washington talking about great theories of drugs.

So I appreciate very much your work in bringing us here today, your continued commitment to addressing in a very real sense these problems such as methamphetamine and other drugs. I appreciate very much the work of the subcommittee staff in pulling together these very distinguished panels, and the facilities that enable us to be here today. It is an honor to be here and to welcome you once again to the Atlanta area, Mr. Chairman, for a very worthy cause. And again, I appreciate very much the witnesses that we will be hearing from today. And I would ask unanimous consent to include a more complete statement in the record.

Mr. MICA. Without objection, the additional complete statement will be added to the record. Mr. Barr also moves that the record be open for a period of 2 weeks for additional statements from Members and we also invite the public or other interested parties to submit through the Chair or Mr. Barr additional comments or statements to be included in the record. Without objection, it is so ordered.

It is good to be back, Mr. Barr. I do not know if I told you that, maybe the first time I came to Atlanta—I was thinking about it last night when I flew in to the airport here—it was with my father. It was about 41 years ago. I think it was about 1959. I participated in a debate tournament at Emory University. When we arrived at the airport, it was a small sort of a shed-type airport with wood benches. I remember very distinctly. We were one of the few people in the terminal.

And as I drove through Atlanta last night, I thought, who would have ever thought that it would be one of the most phenomenal cities, not only in the country, but in the world, and through some of your leadership and community leadership we see represented here, it truly is. And it now faces, like many other great communities, a serious challenge, and that is illegal narcotics which is tearing up families and communities and causing destruction and death. So I am pleased to be here and join you again in this community to address some of these problems.

With those comments, I also want to state that we are a subcommittee of the House Committee on Government Reform. We are an investigations and oversight subcommittee of the U.S. House of Representatives. In that regard, we do swear in our members. You will be under oath. I do not think it will be necessary to run the clock on these three witnesses in this first panel. But we will try to put lengthy statements or documentation in the record at request through the Chair, if you would, please.

With those comments, let me welcome our first panel. Our first panel consists of Sam Massell, president of the Buckhead Coalition; Liz Flowers who is with the Southern Regional Sexual Assault Coalition, and Ned Harman, who will talk about a personal perspective of the question before the subcommittee today, and his unfortunate experience as a family victim.

With those comments, let me welcome our three panelists of witnesses. If you would please stand at this time to be sworn. Raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. Let the record reflect that.

Again, welcome on behalf of our subcommittee. I would like to recognize first for a statement Mr. Sam Massell, president of the Buckhead Coalition. Welcome, sir, and you are recognized. Now we may have to pull those mics up as close as we can.

Mr. MASSELL. This mic?

Mr. MICA. I think this is the one you are on.

**STATEMENTS OF SAM MASSELL, PRESIDENT, BUCKHEAD COALITION, ATLANTA, GA; LIZ FLOWERS, SOUTHERN REGIONAL SEXUAL ASSAULT COALITION; AND NED HARMAN, FAMILY VICTIM**

Mr. MASSELL. All right. Well, I will talk loud, if that works.

Mr. MICA. I think it picks you up.

Mr. MASSELL. Thank you. I am Sam Massell, Mr. Chairman and Congressman Barr and staff. I appreciate the opportunity of being with you. As mentioned, I am the president of the Buckhead Coalition and former mayor of the city of Atlanta.

I would like to introduce you to the coalition, which is a high-profile, non-profit civic organization made up of 80 chief executive officers, or equivalent, of major firms in this north Atlanta community. Buckhead is all within the corporate limits of the city of Atlanta, but is fast becoming the skyline of the metropolitan area. It now has a population of 66,000 residents, houses, diversified businesses and 16 million square feet of offices, offers 5,000 hotel rooms, has 1,400 retail stores and over 16,500 multi-family units.

It can also brag of having the largest Presbyterian church in the entire country, the largest Episcopal congregation in American, the third largest Conservative Jewish synagogue in the United States, 2 of the largest Southern Baptist churches and 22 other proud houses of worship.

We are known for our beautiful homes, extensive shopping options and excellent dining establishments. We are also known as the night-life district of north Georgia. And this is what prompts me to participate in your hearing today, as night life and drugs are almost synonymous in the eyes of some.

The complexity and magnitude of the subject warrants congressional consideration, so we thank you for initiating this hearing and inviting us to testify. Our leadership welcomes an opportunity to get ahead of the curve, and we think only a public-private partnership can solve the situation.

Our night-life area, known as the Village, is the location of over 100 establishments that have alcoholic beverage licenses within a 10-block section of Buckhead. Some are restaurants, but many are bars offering little more than a place to congregate with an atmosphere of revelry. City ordinances generally allow them to serve alcohol until 4 a.m. On weekend nights, cruising automobiles gridlock famous Peachtree Road, our major north-south artery, a distance of approximately 1½ miles. The related noise, trash and misbehavior dramatically damages quality of life for the numerous and nearby residents.

Many thousands of young people congregate in the area searching for a “high.” In the last couple of years, a half dozen partygoers have been killed here by hit-and-run, gun or knife. Our State law requires that a person be 21 years of age to buy alcohol. However, on otherwise slow days, some of the clubs advertise 18 year-old or college nights, where ostensibly their profit is from entrance fees.

Business leaders, neighborhood activists, the ministry, civic groups and some elected officials have campaigned for years to tame this phenomenon. The trend, however, has been an acceleration of the excesses. Although local police have recently been more aggressive reducing the crowd size, there is a serious possibility that the resulting reduction in alcohol sales may be replaced with alternative business practices.

Sadly, it should be noted that local government has even less power to control hours, age and other restrictions on establishments that do not sell alcohol; thus, the conversion of so-called juice bars—establishments with entrance fees that admit all ages and operate through the night into the next morning, selling \$4 bottled water and providing the environment for drug consumption, which will put lives at an even greater risk. This popular fad is occurring at South Beach in Miami, and it can be anticipated in other entertainment venues, like Georgetown in D.C., the French Quarter in New Orleans, and the Village in Buckhead.

It is certainly unfair to the unsuspecting, and unsafe for the unconcerned. Although our night club patrons come from all over the State and include national and international tourists, large numbers attracted here are believed to be college students, particularly from Georgia State and the Atlanta University Center. In our discussions with academic leadership, we have become keenly aware of physical and mental harm resulting from “binge” drinking and “rave” dancing and related drug consumption. We are convinced that if left unchecked, the cowardly date rape drug and other illegal substances will embarrass and greatly sadden the elders of this generation.

The “club drug” craze has not yet reached epidemic proportions here, but conditions are ripe for this to occur. And such exposure as this hearing can alert the powers to be on the need for action. We thus welcome help from all quarters to derail this train before it runs through our community.

Again, I thank you very much for the opportunity of appearing before you.

Mr. MICA. Thank you for your testimony, Mr. Massell. And I will turn to our next witness, who is Liz Flowers, and she is with the Southern Regional Sexual Assault Coalition. Welcome, and you are recognized.

[The prepared statement of Mr. Massell follows:]

DRAFT of testimony by Sam Massell, President, Buckhead Coalition  
before U.S. House of Representatives Government Reform Committee  
Subcommittee on Criminal Justice, Drug Policy, and Human Resources  
"Methamphetamine and 'Date Rape' Drugs: A New Generation of Killers"  
public hearing 9AM September 18, 2000, at Atlanta International School

Mr. Chairman, Committee and Staff Members, I am Sam Massell, President of the Buckhead Coalition and former Mayor of the City of Atlanta. The Coalition is a high-profile nonprofit civic organization made up of eighty chief executive officers or equivalent of major firms in this north Atlanta community. Buckhead is all within the corporate limits of the City of Atlanta but is fast becoming the skyline of the Metropolitan area. It now has a population of 66,000 residents, houses diversified businesses in sixteen-million square feet of offices, offers 5,000 hotel rooms, has 1,400 retail stores and over 16,500 multifamily units. It can also brag of having the largest Presbyterian church in the country, the largest Episcopal congregation in America, the third largest conservative Jewish synagogue in the U.S., two of the largest Southern Baptist churches, and twenty-two other proud houses of worship.

We are known for our beautiful homes, extensive shopping options and excellent dining establishments. We are also known as the nightlife district of north Georgia, and this is what prompts me to participate in your hearing today, as nightlife and drugs are almost synonymous in the eyes of some. The complexity and magnitude of the subject warrants congressional consideration, so we thank you for initiating this hearing and inviting us to testify. Our leadership welcomes an opportunity to get ahead of the curve, and we think only a public/private partnership can solve the situation.

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Many thousands of young people congregate in the area searching for a "high." In the last couple of years, a half-dozen party goers have been killed here by hit-and-run, knife or gun. Our state law requires that a person be twenty-one years of age to buy alcohol, however, on otherwise slow days some of the clubs advertise "18-year-old" or "college" nights, where ostensibly their profit is from entrance fees.

Business leaders, neighborhood activists, the ministry, civic groups and some elected officials have campaigned for years to tame this phenomena. The trend, however, has been an acceleration of the excesses! Although local police have recently been more aggressive, reducing the crowd size, there is a serious possibility that the resulting reduction in alcohol sales might be replaced with alternative business practices. Sadly, it should be noted that local government has even less power to control hours, age and other restrictions on establishments that do not sell alcohol.

Thus, the conversion to so called "juice bars" - establishments with entrance fees that admit all ages and operate through the night and the next morning selling \$4 bottled water and providing the environment for drug consumption - which will put lives at even greater risk! This popular fad is occurring in South Beach in Miami and can be anticipated in other entertainment venues like Georgetown in D.C., the French Quarter in New Orleans and the Village in Buckhead. It is certainly unfair to the unsuspecting, and unsafe for the unconcerned!

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The "club drug" craze has not yet reached epidemic proportions here, but conditions are ripe for this to occur and such exposure as this hearing can alert the powers to be on the need for action. We thus welcome help from all quarters to derail this train before it runs through our community.

Again, thank you very much.



Ms. FLOWERS. Thank you, Mr. Chairman, and thank you Congressman Barr for the opportunity to be before you today. I am Liz Flowers. I currently work as a consultant to several women's organizations, and the southern region director of Rape, Abuse and Incest National Network. I am responsible for the startup of the Georgia Network to End Sexual Assault, a statewide coalition of rape crisis centers, and until April of this year served as its first executive director. I have 15 years of experience in the field of women's health and safety.

Somewhere in America, a woman is sexually assaulted every 2 minutes, according to the U.S. Department of Justice. In 1996, 307,000 women were victims of rape, attempted rape or sexual assault. And between 1995 and 1996, more than 670,000 women were the victims of rape, attempted rape or sexual assault.

During that same time period, Georgia's rape crisis centers treated 3,593 sexual assault survivors. The Unified Crime Reporting Program [UCR], cites the highest female rape is in southern States with a rate of 88 victims per 100,000. Rape is a violent sexual act against a person's will. It is a felony. All evidence indicates that rape is a brutal act of violence and display of power rather than an act of passion or sexual gratification. Nearly 90 percent of all rapes involve threats of physical harm or the actual use of physical force. However, weapons are used in less than half of the reported rapes. Drugs are often used as a means for incapacitating the victim.

One of the most startling aspects of sex crimes is how many go unreported. The most common reasons given by women for not reporting these crimes are the belief that it is a private or personal matter, or they fear reprisal from the assailant. In 1996, only 31 percent of rapes and sexual assaults were reported to law enforcement officials, less than one in every three. Approximately 68,000 of rape victims knew their assailant, and approximately 28 percent of victims were raped by husbands, 35 percent by acquaintances, and 5 percent by other relatives.

Further, one of every four rapes takes place in a public area or in a parking garage; 68 percent of rapes occur between the hours of 6 p.m. and 6 a.m. In 47 percent of rapes, the victims sustained injuries other than the rape injuries, and 75 percent of female rape victims require medical care after the attack. At least 45 percent of rapists were under the influence of alcohol or drugs. About 81 percent of rape victims are White, 18 percent are Black, 1 percent are other races. While 9 out of 10 rape victims are women, men and boys are also victimized by this crime. In 1995, 32,130 males, age 12 and older, were victims of rape or attempted rape.

Teens 16 to 19 were three and one half times more likely than the general population to be victims of rape, attempted rape or sexual assault. For nearly 30 years, the anti-rape movement has worked to overcome misconceptions about the origin and nature of sexual assault, prejudice toward victims and stereotypes about perpetrators. We have insisted that victims do not ask for it through provocative dress or behavior. We have maintained that an adult woman raped by a husband or someone she knows deserves the exact same justice and support as the child raped by a stranger.

And we have been loud and clear about the fact that rarely does a victim falsely report.

Despite the horrendous realities of rape, prevailing misconceptions work against successful prosecution of rapes. In fact, only 3 percent of rapists are ever convicted of their crime. The standard defense of a rapist puts the victim on trial, and the facts are often lost in the questioning of the survivor's character as the contributor to the crime.

For decades, perpetrators have misused sedatives in order to incapacitate individuals during a sexual assault. Alcohol has been used by perpetrators for years, but more recently, reports have identified several other substances used in drug-facilitated rapes, including Gamma HydroxyButyrate [GHB]—I am going to mess that one up, I am just going to call it Rohypnol, scopolamine, burundanga and ketamine. These drugs come in varied forms such as powder, pill, tablet or liquid. Depending on the drug and its form, sedating substances may or may not have a noticeable color or odor.

Individuals may react differently to sedating substances, depending on the dosage, their metabolism and sensitivity to the substance, and the presence of alcohol and/or other drugs. There are several tell-tale signs that an individual may be under the influence of a sedating substance. Impaired judgment, lowered inhibition, dizziness, confusion, drowsiness, impaired motor coordination, impaired memory, unconsciousness. If an individual appears extremely intoxicated after consuming a non-alcoholic beverage or only a small amount of alcohol, they may have unknowingly ingested one of a number of substances.

Gamma Hydroxybutyrate [GHB], with street names of Liquid X, Georgia Home Boy, Goop, Gamma-O and Grievous Bodily Harm is a central nervous system depressant, abused for its ability to produce euphoric and hallucinatory states, and its alleged ability to release a growth hormone and stimulate muscle growth.

Although GHB was originally considered a safe and natural food supplement and was sold in health food stores, the medical community soon became aware that it caused overdoses and other health problems. GHB can produce drowsiness, dizziness, nausea, unconsciousness, seizures, severe respiratory depression and coma. GHB can be found in liquid form or as a white powdered material. It is taken orally and is frequently combined with alcohol. Abusers include high school and college students and rave party attendees who use GHB for its intoxicating effects. Many young women reportedly prefer GHB to alcohol because it is non-caloric.

Some body builders abuse GHB for its alleged anabolic effects. Several cases have documented the use of GHB to incapacitate women for the commission of sexual assault. In 1990, the Food and Drug Administration issued an advisory declaring GHB unsafe and illicit, except under FDA-approved, physician-supervised protocols. In March 2000, GHB was placed in Schedule 1 of the Controlled Substances Act. However, the ingredients to make GHB are still available and reports continue that abusers make and manufacture the substance in home tubs for recreational purposes. Many of these products are available over the Internet.

Flunitrazepam, which is marketed under the brand name Rohypnol and is commonly known as roofies, belongs to the benzodiazepine class of drugs and has never been approved for medical use in the United States, but is legally prescribed in 50 other countries, including Mexico and Colombia. It is very much like Valium, Librium and Xanax. Rohypnol's effects include sedation and muscle relaxation, however the sedative effects of Rohypnol are 7 to 10 times more potent than valium. The effects of Rohypnol appear 15 to 20 minutes after administration and last for approximately 4 to 6 hours. Some residual effects can be found 12 or more hours after administration.

It is difficult to estimate just how many Rohypnol-facilitated rapes have occurred in the United States. Very often biological samples are taken from the victim at a time when the effects of the drug have already past and only residual amounts remain in the body fluids. These residual amounts are difficult, if not impossible, to detect using standard screenings available in the United States. If Rohypnol exposure is to be detected at all, urine samples need to be collected within 72 hours and subjected to sensitive analytical tests.

This problem is compounded by the onset of amnesia after ingestion of the drug, which causes the victim to be uncertain about the facts surrounding the rape. This uncertainty may lead to critical delays or even reluctance to report the rape and to provide appropriate biological samples for toxicology testing.

Also compounding the reporting and screening process is the victim's fear of willingly consuming a drug. While many date-rape drugs are consumed without the victim's knowledge, clearly there are instances in which an individual has willingly consumed an illicit substance, but not with the intention of being raped or sexually assaulted. Rape with intentional drug use is under-reported. We may never know the true extent to drug-facilitated rapes.

Even when reports are made and screenings completed, many State crime labs are so backlogged, they are unable to process the rape kit in a timely manner. According to testimony, rape kits can languish as long as 2 years. I do need to pause there and say, however, in Georgia, our crime lab is not backlogged at this time.

Much of the information available about drug-facilitated rape is anecdotal, very little statistical information is available. Frankly, there are more questions than answers. Are DEA busts relevant? Did 1 million doses make it to the street; 20 million? Does rape result in 20 percent of the cases in which GHB is used? Do the drugs lead to 10 cases a year or 10,000? And in how many of these cases did the women voluntarily take the drug? Was alcohol involved? When there is alcohol, how much is consumed? How often do guys use alcohol and drugs as a, "weapon," and how are they going about it?

It is irresponsible for us to perpetually hype something like drugs that scare people, yet ignore much bigger problems. That is why research is so key to solving this. We have made people aware of the problem, and now we ought to figure out if there is one and what it looks like.

In cases where the woman is drinking or using drugs of her own volition, are we talking about girls bingeing to the point of passing

out and then being attacked, or are we talking about two beers which leads to some flirting, which leads to his room, which leads to rape?

The blame for the crime is the same in both these scenarios, but the messaging and the solutions are a lot different. There is a big difference in perceptions of voluntary consumption and a drink that is secretly spiked. However, rape can occur in both of these situations. Drugs and alcohol, in and of themselves, do not cause rape. Let us take the time to find out what does and how we can stop the only crime in this country that continues to increase.

Thank you.

Mr. MICA. Thank you for your testimony. We will now recognize Ned Harman, who is going to relate to the subcommittee some of his personal experiences. Mr. Harman, you are recognized and welcome.

[The prepared statement of Ms. Flowers follows:]

## Drug Facilitated Rape

Testimony by: September 18, 2000  
Liz Flowers  
Southern Region Director  
RAINN – Rape Abuse and Incest National Network

My name is Liz Flowers, I currently work as a consultant to several women's organizations, and I am the Southern Region Director of Rape Abuse and Incest National Network. I am responsible for the start-up of the Georgia Network to End Sexual Assault, a statewide coalition of rape crisis centers, and until April of this year, served as its first executive director. I have 15 years of experience in the field of women's health and safety.

I would like to thank the Chairman and members of the committee for the opportunity to present this information.

Somewhere in America, a woman is sexually assaulted every two minutes, according to the U.S. Department of Justice. In 1996, 307,000 women were victims of rape, attempted rape or sexual assault [National Crime Victimization Survey. Bureau of Justice Statistics, U.S. Department of Justice, 1997]. And, between 1995 and 1996, more than 670,000 women were the victims of rape, attempted rape or sexual assault. [Ibid].

During that same time period, Georgia's rape crisis centers treated 3,593 sexual assault survivors. The Unified Crime Reporting program (or UCR) cites the highest female rape is in southern states, with a rate of 88 victims per 100,000.

Rape is a violent sexual act against a person's will. It is a felony. All evidence indicates that rape is a brutal act of violence and display of power, rather than an act of passion or sexual gratification. Nearly 90% of all rapes involve threats of physical harm or the actual use of physical force. However, weapons are used in less than half of the reported rapes. Drugs are often used as a means for incapacitating the victim.

One of the most startling aspects of sex crimes is how many go unreported. The most common reasons given by women for not reporting these crimes are the belief that it is a private or personal matter and they fear reprisal from the assailant.

In 1996, only 31% of rapes and sexual assaults were reported to law enforcement officials – less than one in every three [Ibid]. Approximately 68% of rape victims knew their assailant, and approximately 28% of victims are raped by husbands, 35% by acquaintances and 5% by other relatives. [Violence against Women. Bureau of Justice Statistics, U.S. Dept. of Justice, 1994]

Further, one of every four rapes take place in a public area or in a parking garage; 68% of rapes occur between the hours of 6 p.m. and 6 a.m. In 47% of rapes, the victim sustained injuries other than rape injuries, and 75% of female rape victims require medical care after the attack. At least 45% of rapists were under the influence of alcohol or drugs.

About 81% of rape victims are white, 18% are black, 1% are of other races. While 9 out of 10 rape victims are women, men and boys are also victimized by this crime. In 1995, 32,130 males age 12 and older were victims of rape or attempted rape.

Teens 16 to 19 were three and one-half more likely than the general population to be victims of rape, attempted rape or sexual assault.

For nearly thirty years, the anti-rape movement has worked to overcome misconceptions about the origin and nature of sexual assault, prejudice towards victims and stereotypes about perpetrators. We have insisted that victims do not "ask for it" through provocative dress or behavior. We have maintained that an adult women raped by a husband or someone she knows deserves the exact same justice and support as the child raped by a stranger. And we have been loud and clear about the fact, that rarely does a victim falsely report.

Despite the horrendous realities of rape, prevailing misconceptions work against successful prosecution of rapes. In fact, only 3% of rapists are ever convicted of their crime. The standard defense of a rapist puts the victim on trial, and the facts are often lost in the questioning of the survivor's character as the contributor to the crime.

For decades, perpetrators have misused sedatives in order to incapacitate individuals during a sexual assault. Alcohol has been used by perpetrators for years, but more recently reports have identified several other substances used in drug-facilitated rapes, including gamma hydroxybutyrate (GHB), flunitrazepam (Rohypnol), scopolamine, burundanga, and ketamine. These drugs comes in varied forms such as powder, pill/tablet, or liquid. Depending on the type of drug and its form, sedating substances may or may not have a noticeable color or odor.

Individuals may react differently to sedating substances depending on the dosage, their metabolism and sensitivity to the substance, and the presence of alcohol and/or other drugs. There are several telltale signs that an individual may be under the influence of a sedating substance:

- Impaired judgement
- Lowered inhibition
- Dizziness
- Confusion
- Drowsiness

- Impaired motor coordination
- Impaired memory
- Unconsciousness

If an individual appears extremely intoxicated after consuming a non-alcoholic beverage, or only a small amount of alcohol, they may have unknowingly ingested one of a number of substances.

Gamma Hydroxybutyrate (GHB) with street names of *liquid x*, *Georgia Home Boy*, *Goop*, *gamma-o* and *grievous bodily harm*, is a central nervous system depressant abused for its ability to produce euphoric and hallucinatory states and its alleged ability to release a growth hormone and stimulate muscle growth.

Although GHB was originally considered a safe and "natural" food supplement and was sold in health food stores, the medical community soon became aware that it caused overdoses and other health problems. GHB can produce drowsiness, dizziness, nausea, unconsciousness, seizures, severe respiratory depression, and coma. GHB can be found in liquid form or as a white powdered material. It is taken orally and is frequently combined with alcohol. Abusers include high school and college students and rave party attendees who use GHB for its intoxicating effects. Many young women reportedly prefer GHB to alcohol because it is "Non-caloric."

Some body builders abuse GHB for its alleged anabolic effects. Several cases have documented the use of GHB to incapacitate women for the commission of sexual assault. In 1990, the Food and Drug Administration issued an advisory declaring GHB unsafe and illicit except under FDA-approved, physician-supervised protocols. In March 2000, GHB was placed in Schedule I of the Controlled Substances Act.

However, the ingredients to make GHB are still available, and reports continue that abusers make manufacture the substance in home tubs for recreational purposes. Many of these products are available over the Internet.

Flunitrazepam, which is marketed under the brand name Rohypnol and is commonly known as roofies, belongs to the benzodiazepine class of drugs. Flunitrazepam has never been approved for medical use in the United States, but is legally prescribed in 50 other countries including Mexico and Columbia.

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It is difficult to estimate just how many Rohypnol-facilitated rapes have occurred in the United States. Very often, biological samples are taken from the victim at a time when the effects of the drug have already passed and only residual amounts remain in the body fluids. These residual amounts are difficult, if not impossible, to detect using standard screenings available in the U.S. If Rohypnol exposure is to be detected at all, urine samples need to be collected within 72 hours and subjected to sensitive analytic tests.

This problem is compounded by the onset of amnesia after ingestion of the drug, which causes the victim to be uncertain about the facts surrounding the rape. This uncertainty may lead to critical delays or even reluctance to report the rape and to provide appropriate biological samples for toxicology testing.

Also compounding the reporting and screening process is a victim's fear of having *willingly* consumed a drug. While many date rape drugs are consumed without the victim's knowledge, clearly there are instances in which an individual as willingly consumed an illicit substance, but not with intention of being raped or sexually assaulted. Rape without intentional drug use is under-reported. We may never know the true extent to drug-facilitated rapes.

Even when reports are made and screenings completed, many state crime labs are so back-logged they are unable to process the rape kit in a timely manner. According to testimony, rape kits can languish for as long as two years.

Much of the information available about drug-facilitated rape is anecdotal -- very little statistical information is available. Frankly, there are more questions than answers. Are DEA busts relevant? Did 1 million doses make it to the street? 20 million? Does rape result in 20% of the cases in which GHB is used? Do the drugs lead to 10 cases a year or 10,000? And in how many of those cases did the women voluntarily take the drug? Was alcohol involved? When there is alcohol, how much is consumed? How often do guys use alcohol and drugs as "a weapon" and how are they going about it?

It is irresponsible for us to perpetually hype something like drugs that scare people, yet ignore much bigger problems. That is why research is so key to solving this. We've made people aware of the problem and now we ought to figure out if there is one and what it looks like.

In cases where the woman is drinking or using drugs of her own volition, are we talking about girls bingeing to the point of passing out, and then being attacked? Or are we talking about two beers, which leads to some flirting, which leads to his room, which leads to rape?

The blame for the crime is the same in both of these scenarios. But the messaging and solutions are going to be a lot different. There is a big difference



in perceptions of voluntary consumption and a drink that is secretly spiked. However, rape can occur in both of these situations.

Drugs and alcohol in and of themselves do not cause rape. Let's take the time to find what does, and how we can stopped the only crime in this country that continues to increase.

Mr. HARMAN. Good morning, Congressmen, ladies and gentlemen. Thank you for inviting me to participate in this hearing this morning. I would especially like to thank Congressman Barr for his fine representation of us in our district. I appreciate this opportunity to share my experience with GHB. This issue is one that affects every citizen in the United States, either directly or indirectly.

My name is Ned Harman. I live on a farm about 50 miles west of here, close to Carrollton, GA. My youngest daughter, Holly, was a freshman at West Georgia College in 1996 when this incident happened that I am going to tell you about in a minute. I would like to show you a picture of her. When I speak to groups, I usually like to put a face on Holly. This was Holly's, I believe, high school graduation picture, I believe.

Holly's nightmare, and ultimately ours, began October 18, 1996. I was awakened by a phone call around 1 a.m. from the emergency room at Tanner Hospital, our local hospital there in Carrollton, GA. There was a lady that was a nurse there that attends our church. She recognized Holly when they brought her in and called me. We probably would not have known about it for a while later if she had not have been there that night. Anyhow, she said Holly had been brought in not breathing and with no heart beat. You cannot imagine my feelings at that moment. I felt as if I was dying, and at the end part of me did die. I probably drove 100 miles per hour getting to the hospital that night. I do not really remember much about getting there. When I got there, they had revived Holly, and she was on a ventilator but in a coma.

Holly stayed at Tanner until about 5 p.m. that Saturday, the next morning Saturday. During that time at Tanner, Holly started having grand mal seizures every 5 to 10 minutes. And we were familiar with the seizures because our oldest son, Luke, had hydrocephalus and he had died when he was 16. And he had had seizures, maybe three, four or five during his lifetime. But we were not familiar with anything like what Holly was having, though. Like I say, every 5 or 10 minutes, she would have one and she would nearly jump off the bed. It is tough to watch somebody that you really love laying there, moving like she was moving and just being helpless to do anything.

We found out later that Holly and one of her girlfriends had been in a local restaurant there in Carrollton. Holly was on a kick of drinking water like this, Evian water, and she had been doing it probably for a year or two, I guess. She had it, you know, in her hand a lot of time when she was around, she was just usually drinking water. Anyhow, she went to a party after the restaurant with her girlfriend, and one of the guys at the party put pretty close to—we do not know if it was pure GHB or whatever, but GHB in her bottle of water that she drank.

Holly then went into convulsions and passed out. The boys would not let Holly's friend call 9-1-1, and they would not help her get her in the car. And she finally got somebody to take her across town to get a friend in an apartment, one of her roommates, to come back across town and help get her in the car to take her to the hospital. And during that time, there was probably 40 to 60 critical minutes that had gone by during this time.

Getting back to the seizures, Tanner Hospital gave Holly phenobarbital and Dilanta to stop the seizures but nothing helped. Holly was next carried to Emory Hospital in Atlanta around 5 p.m. on that Saturday in 1996. Emory finally got the seizures stopped during the night. Holly was in the neurology intensive care at Emory.

In the next room there, there was a lady that had a brain aneurism, and her daughter and I got to know each other waiting through those long hours in the waiting room there, and she was in the Secret Service out of the Miami field office, and she got them to fax something up on GHB. At that time I never had heard of GHB, I did not know what it was or nothing about it at all. And she faxed the information up, so we got familiar with GHB pretty quickly with the information they sent up.

We found out it is more dangerous when it is mixed with alcohol, as some of the people have already said. Earlier during the night, Holly, at the restaurant, had had a couple of drinks, so those couple of drinks with the GHB also made it that much more deadly. The doctors told us that she would not live through the night, that Saturday night, but during the night she got a little better and squeezed her older sister's hand, and we were so happy for that hand squeeze that night. But Holly stayed at Emory from October 19th until December 23, 1996, intensive care the whole time. I stayed with her there day and night. One Sunday morning, I guess it was, I guess maybe a week or two after we had been there, her heart beat went up to 170 to 185 beats per minute, and stayed that way until Thursday night. Every hour or two, they would give her a shot to bring the heart beat down and it would come down to 140 or 150. I never thought I would be proud of 140–150 heartbeat, but we were glad to see it down that much.

The doctors told us there that Holly never would come off the ventilator, but on December 23rd, like I say, we left Emory and went to Shepard's Spinal Hospital. Within a few days at Shepard's, we had her off the ventilator and she was bringing on her own.

After being at Shepard's for approximately 2 weeks or so, Holly opened her eyes, and we thought she was coming out of the coma, because I had never been around anybody in a coma, either, but it was real strange she was still in the coma. About half the time she would have her eyes open, half the time they would be closed, approximately like that. And she would look straight at you, you would think she could understand what you were saying. But it was just sort of a blank stare in way, though, but she was still in a coma.

The nurses and us, her family, for nearly 3½ years, turned Holly every 2 or 3 hours to keep her from having bed sores. Even after the ventilator was taken off, Holly had to have a catheter and G-tube the rest of her life.

While at Shepard's on two separate occasions, her temperature went up to 107. They put Holly on a special mattress, filled with cold water, they can increase the temperature and get it real cold. It was just about freezing, the water, when you got to 107. They poured ice water down her G-tube, and rubbed her in alcohol, packed her in ice, all these kind of things to get the temperature down. The doctor told me that he had never seen one get to 107

without going into seizures, but Holly did not go into seizures, though.

Holly left Shepard's May 1, 1997, we brought her back to Carrollton, GA, and put her in a nursing home, there at Pine Knoll Nursing Home in Carrollton. During Holly's stay at Pine Knoll, she was taken to Tanner Hospital, back where we had gone to originally that night, several times for pneumonia. In October 1998, Holly was taken to intensive care at Tanner there. She had a massive blood clot on her lungs. They told us she would not make it through the night that time, too, but she made it through the night.

In January 1999, her heartbeat went down to about 25 beats per minute, and they told us, well, her heart's just finally wearing out. You know, she will not live through the night again. But on the next morning, her heart had started beating back normal again.

On Wednesday morning, January 19, 2000, this year, at 7:30 a.m., Holly made her final stop. This time it was to Heaven. I do not know why this happened to Holly, how she survived 185 heartbeats, 107 temperatures, massive blood clots on the lung, numerous bouts with pneumonia, heart beats of 25. But Holly was a strong girl and a fighter.

If anyone could have come out of a coma, Holly would have been the one that could come out. But God had other plans for Holly, and I believe God used Holly those nearly 3½ years to show other young people around in the community, the State and the country what the dangers of drugs are. Whether they are slipped to you without your knowledge or taken as a recreational drug.

Holly had many, many friends. Hundreds of people came to visit Holly, a lot that did not even know her. Holly touched a lot of lives. Holly was a beautiful student with a bright and promising future. Like most young people, Holly thought she was invincible. These things only happen in New York, L.A., Miami, Chicago, Atlanta. Not around here, not in the country. But I am here to tell you, first hand, two young girls in our rural county have died from GHB from the same boys.

Holly dreamed of becoming a physical therapist, getting married someday and having children. I dreamed of being at Holly's graduation from college, walking her down the aisles in marriage. I also had dreams of all the wonderful things you do with your grandchildren, like babysitting, playing ball, reading to them, take them to the park, riding bicycles, horses. None of these things will ever happen now.

I miss Holly, her smile, her voice, her kind heart. You know that these tragedies not only affect the victim, the one that pays the ultimate price with their lives, but it touches so many other people. With Holly, it touched her mother, her father, her brothers, her sisters, grandparents, uncles, aunts, cousins, her boyfriend and countless numbers of friends. Our lives will never be the same.

Our faith in God carried us through these long days and nights, weeks and months and years. But we have the comfort of knowing that Holly is in Jesus' arms now. Do not let Holly's and all the other deaths be completely meaningless. Fight the senseless death that claimed Holly and vindicate her by preventing others from suffering the same painful fate. I urge Congress to enact laws and

strengthen existing laws that would be as tough as possible on dealers and users of these drugs. We must stop this epidemic in our country.

Thank you.

[The prepared statement of Mr. Harman follows:]

### Good Morning Congressmen and Congresswomen

Thank you for inviting me to participate in this hearing concerning the drug crisis in our country. I would especially like to thank Congressman Barr for the fine representation he gives us in Congress. I appreciate this opportunity to share my experience with GHB. This issue is one that affects every citizen in the United States, either directly or indirectly.

My name is Ned Harman. I live in the country on a farm close to Carrollton, GA., fifty miles west of Atlanta. My youngest daughter, Holly Harman, was a freshman at West Georgia College. Holly's nightmare and ultimately ours began Friday night, October 18, 1996. I was awakened by a phone call around 1:00am from the emergency room of Tanner Hospital, our local hospital. A nurse that attends the same church that we do recognized Holly and was calling. She said Holly had just been brought in not breathing and with no heartbeat.

You can't imagine my feelings at that moment. I felt as though I was dying, and in the end part of me did die. I probably drove 100 mph getting to the hospital. When I got there they had revived Holly and she was on a ventilator in a coma.

Holly stayed at Tanner until 5:00pm Saturday, the next day. During that time at Tanner, Holly started having grand mal seizures every 5 to 10 minutes. We were familiar with seizures. Holly's oldest brother Luke, who died at 16, had seizures. But Luke had only 3 or 4 in his life, not every 5 to 10 minutes and not as violent as these. Holly would shake so bad that she would nearly fall off the bed. That was a terrible thing to watch that happening to someone you love and be helpless to do anything.

We found out later Holly and one of her girlfriends had been at a local restaurant and left with some guys to attend a party. Holly was on a kick of drinking a lot of water and I would see her with a bottle of Evian water in her hand a lot of the time. One of the guys at the party put pure GHB in Holly's Evian bottle that she drank.

Holly then went in to convulsions and passed out. The boys wouldn't let Holly's friend call 911 or help get Holly into a car. Holly's friend finally got someone to take her across town to get a roommate to help take Holly to the hospital. Forty five to sixty critical minutes had gone by by this time.

Getting back to the seizures, Tanner Hospital gave Holly Phenobarbatol and Dylanta to stop the seizures but nothing helped. Holly was next carried to Emory hospital in Atlanta around 5:00pm, Saturday, October 19, 1996. Emory finally got the seizures stopped during the night. Holly was in the Neurology Intensive Care at Emory. In the next room was

a lady who had a brain aneurysm. Her daughter, whom I got to know from those long hours in the waiting room, was in The Secret Service out of the Miami, Florida field office. I never had heard of GHB before this happened to Holly. The Secret Service lady got the Miami office to fax her info on GHB. We found out that GHB is deadly enough by itself but even more dangerous when mixed with alcohol. We found out later that Holly had consumed a couple of drinks of alcohol at the restaurant. The Doctors told us the next night that Holly wouldn't live through the night. But, during the night she got a little better and squeezed her older sisters hand. We were so happy for the hand squeeze. Holly stayed at Emory from October 19 to December 23, 1996. While Holly was at Emory I stayed with her day and night. One Sunday morning Holly's heart beat went up to 170 - 185 beats per minute, staying that way until Thursday night. They would give her a shot every couple of hours to bring the beat down to 140 - 150. It wouldn't stay down long and would go back up. I never thought I would be glad to see her heartbeat at 140 - 150, but after 185 I was glad to see 150. The Doctors told us that Holly would never come off of the ventilator.

On December 23, 1996, Holly went to Sheppard Spinal Hospital, within a few days Sheppard's had her off the ventilator and breathing on her own. After being at Sheppards for 2 weeks Holly opened her eyes, but was still in a coma. It was strange, she could look straight at you but still be in the coma. She lay their half the time with her eyes open. The nurses and us, her family, for nearly three and half years turned Holly every 2 -3 hours. To keep her from having bed sores. Even after the ventilator was taken off, Holly still had to have a catheter and G-tube the rest of her life. While at Sheppards two separate times her temperature went up to 107°. They put Holly on a special mattress filled with cold water, packed her in ice, poured cold water down her G-tube to get the temperature down. The Doctor said he had never seen anyone have a temperature of 107° without going into seizures, but Holly didn't.

Holly left Sheppards the first of May 1997 going to Pine Knoll Nursing Home in Carrollton. During holly's stay at Pine knoll she was taken to Tanner Hospital several times with pneumonia. In October of 1998 Holly was taken into Intensive Care at Tanner where she had a massive blood clot on her lung. They told us she wouldn't make it through the night, but she did.

In January of 1999 her heart beat went down to 25 beats per minute. The doctors told us her heart was finally wearing out and she wouldn't live long. By the next day it was beating normal again.

On Wednesday morning, January 19, 2000 at 7:30am, Holly made her final stop. This time it was to Heaven. I don't know why this happened to Holly, or how she survived 185 heartbeat, 107° temperatures, massive

blood clots on the lungs, numerous bouts with pneumonia and heartbeats of 25 beats per minute.

Holly was a strong girl and a fighter. If anyone could have come out of that coma it would have been Holly. But God had other plans for Holly and I believe God used Holly those 3 1/2 years to show other young people the dangers of drugs, whether slipped to you without your knowledge or taken as a recreational drug.

Holly had many, many friends. Hundreds of people came to visit Holly, a lot that didn't even know her. Holly touched a lot of lives. Holly was a beautiful student with a bright and promising future. Like most young people Holly thought she was invincible. These things only happen in New York, L.A., Miami, Chicago or Atlanta. Not around here. But I'm here to tell you first hand, two young girls in our rural county died from GHB and from the same boys.

Holly had dreams of becoming a physical therapist, getting married ~~some day and having children. I had dreams of being at Holly's~~ graduation from college, walking her down the aisle at her marriage. Also, I had dreams of all the wonderful things you do with your grandchildren like: baby sitting, playing ball, reading to, taking to the park, riding bicycles, horses. None of these things will ever happen now.

How I miss Holly. Her smile, her voice, her kind heart. You know that these tragedies not only affect the victim, the one who pays the ultimate price with their life, but it touches so many other lives. With Holly it touched the mother, father, brothers, sisters, grandparents, uncles, aunts, cousins, boyfriend, and countless friends. Our lives will never be the same.

Our faith in God carried us through the long days, nights, weeks, months and years. But we have comfort in knowing Holly is in Jesus' arms now.

Don't let Holly's and all the other deaths be completely meaningless. Fight the senseless death that claimed Holly and vindicate her by preventing others from suffering the same painful fate.

I urge Congress to enact laws and strengthen existing laws that will be as tough as possible on dealers, and users of these drugs. We must stop this epidemic in our country.

Thank you for having me here today.

Ned Harmon

*Ned Harmon*



Mr. MICA. Thank you, Mr. Harman, for some very compelling testimony. Relating to the subcommittee your tragic personal experience and trying to make something positive from I know what has been a horrible personal tragedy. We appreciate your coming forward.

Unfortunately, the last 18 months, I have heard countless stories from parents, not only before our subcommittee, but across the country, the same type of thing that is happening. And as you have heard from the statistics that we are going to release tomorrow for the first time in the Nation's history, deaths by drug overdose exceed homicides across the land. So this is repeated over and over and over again, not just in Atlanta and not just with your family, but with countless American mothers and fathers who have been subjected to this horror.

Let me start, if I may, with this panel, back to Sam Massell. We have attempted in Congress to try to deal with this problem by addressing, of course, the supply side and restarting some of the efforts in keeping the illegal narcotics or the ingredients for narcotics from coming in to our borders, which is a Federal responsibility and Federal enforcement.

But we have also tried to address the demand side. And we instituted several years ago a \$1 billion, in hard taxpayer dollars, national media campaign. It is combined with a requirement for contributions, so it is a several billion dollar campaign that is unprecedented in its financial commitment and scope. We are in the process of evaluating the first year of performance, the first full year, of that campaign. Are you aware of that national anti-drug media campaign? Do you think it is effective? And maybe you could also comment on what you believe the Federal responsibility is in this total effort.

Mr. MASSELL. I am aware of the media campaign, and I certainly think an educational effort is very important and meaningful. I feel our greatest need is one of enforcement, and that is what I meant by public-private partnership, whereas the civic leadership can call attention to the problems and the needs it takes government to actually curtail the criminal activities. And that is mostly what we need. And some of that, of course, can be performed through Federal bureaus that control drugs and other illegal substances, but much of it is at the local level of policing.

Mr. MICA. One of the dilemmas that we face in Congress is Federal domination of that activity versus the State and local. I think you have alluded to a need for a partnership in trying to deal with this, as far as enforcement is concerned.

Are there any specifics that you could cite, or any successful programs at the local level that you have seen, that are not necessarily here or something we should be mirroring, or some effort that we should support? You know, we have grants, we have other assistance to local enforcement agencies. Is there anything you would target with Federal dollars or resources in the enforcement area?

Mr. MASSELL. I feel that when situations get to crisis stage, you need crisis controls. And I would refer to zero tolerance enforcement, as has been performed in New York very successfully. And I think that the local situation in our community, having been ac-

cused of a shortage of law enforcement people, could be aided by our Federal law enforcement people. If we have this shortage, which is not denied, as far as the numbers that were budgeted of some 400 law enforcement officers, and if you know, the government says they cannot or will not, or for whatever reason are not filling these slots, then they could be supplemented by law enforcement at the Federal level.

Mr. MICA. We heard Mr. Harman talk about the need to go after the drug dealers, the people that deal in death and destruction. Do you feel we should increase our penalties, Federal penalties, for people who are dealing in large quantities of these obviously harmful narcotics?

Mr. MASSELL. I am not knowledgeable enough on the present programs of punishment, but I do know that it needs cooperation from the court system as well as law enforcement. And just making the arrests, if the courts are not supportive, is not very meaningful. And in some instances, there has been suggestion that the courts were not as supportive as could be.

Mr. MICA. Well, one of the problems we have had with this administration is we have tried to get them to prosecute drug cases at the Federal level, and they were declining through, I think, 1997, 1998, the numbers of drug cases that the feds were going after. After hammering away, we are now beginning to see an increase in some drug prosecutions at the Federal level, however a new phenomena we have found is the sentencing is going down, down, down. So rather than a severe and intensive prosecution, which we have now got swinging back and encouraging them to go after them, now the sentencing is going down, so that those who are committing these offenses are getting less severe sentences. And there is also this philosophy or prevailing theory that this is not a criminal problem, this is a health problem. What is your view?

Mr. MASSELL. It has been my experience that if sentencing or the punishment for any criminal activity is what the public considers to be excessive, then you do not get as many convictions. So I am not an expert in this field, but I have seen this occur in some areas. And I think there needs to be balance. You have to start at the first effort, which is that of arrest. And that is the enforcement part, with which I am very concerned, and feel I need help, this community does. Not just in the drug area, but in some others as well, related to our night life.

And we are not at the epidemic stage yet, but I can see this happening, and I would like to get ahead of the curve. So if we can get greater enforcement with local, with Federal, with State in between, and anybody else who will help. And we have had help, for instance, from the county with a Sheriff's reserve. They have come in and been very effective. But we need enforcement, we need accelerated, aggressive enforcement.

Mr. MICA. Thank you.

Ms. Flowers, you talked about the problem of the sexual assaults and how these crimes are on the increase. From a Federal legislative standpoint, do you feel that the laws that we have in place are sufficient, penalties sufficient, either dealing with narcotics which sometimes, as your testimony indicated, can lead to the being part

of, I guess, the act that is committed? Do you feel that we have adequate Federal enforcement legislation? And then the other part of my question would deal with adequate Federal resources to deal with the enforcement?

Ms. FLOWERS. I think I would be remiss at this particular point, in the 106th Congress, not to mention VAWA, or the Violence Against Women Act, which is, I think, about to come before the House within the next week, or never, apparently. The reauthorization of 1994 Violence Against Women is a huge and wide-sweeping piece of legislation which includes not only funding for nearly every battered women shelter and rape crisis center in the country, but also contains law enforcement and prosecution components, and this year includes a judicial component to deal specifically with how advocates and law enforcement and communities work together to reduce all of this. There is also a research component with it through CDC, and I think that piece is in Mr. Goodling's committee right now, and certainly that would be something for you all to look at.

All of that is in some part contained within VAWA, which is something that we need at the community level, or even what we have right now goes away. In fact, if VAWA is not reauthorized, in Georgia, you will effectively shut down every battered women's shelter and rape crisis center, including the State coalition.

One of the things that the State coalition does, in fact, with this Federal money is work with the program called SART, or Sexual Assault Response Team. It is a combination of the training program for law enforcement, it is not a warm, fuzzy, you know, hand-holding, this is what you do when a woman comes in and says she is raped, but a team of psychologists and criminologists and others who go in and work specifically with our law enforcement around the State of Georgia to identify specifically what a victim might look like when she has been drugged and has been sexually assaulted.

Particularly with what we are talking about here, this is a really difficult piece for law enforcement. And then of course, the followup for prosecution to go with, because remember the victim has pretty much been incapacitated by this. Although she could be walking around and looking like she is functioning, so the people around her may not know in fact that she is nearly in a comatose state. Training law enforcement to do that, training folks to understand and public awareness campaigns about, you know, closed containers.

If you look at these bottles of water right here on this table, Mr. Harman's bottle of water is exactly the invitation that is given to put something in. And it is just so easy to walk by and put something in that at a club. My open container here, you know, that kind of public training.

Where sexual assault and the drugs come in, it is going to have to be a multi-issue sort of campaign. Because on one hand, you are dealing with the prevention message of drugs, but at the same time dealing with the prevention message of sexual assault, and helping society understand what rape and sexual assault is. So there is a double message. VAWA can help with that.

On your point of additional Federal laws and, you know, things like that, the problem we are specifically having in Georgia—and I believe last year only two adult women who were victims, their cases were actually—they were found guilty. Part of that reason is, unfortunately, mandatory minimums. And we got tough on crime, which is, you know, philosophically a fabulous idea, but the rape conviction rate in Georgia has continually gone down since that happened.

The problem with that is the public education piece of what people perceive to be rape and sexual assault, and are not willing to put away Johnny, local football hero, because he tried to push the limits too far in acquaintance rape, as most of these are.

So I am not clear that, alone, toughening a law is where it is at, without actually coupling with that the messaging about prevention on both drugs and sexual assault.

Mr. MICA. Well, how would you deal with mandatory minimums at the Federal level? I mean, how would you modify current mandatory minimums?

Ms. FLOWERS. I believe that, in most cases, the Judges having the discretion to make those types of calls, including extended probationary periods. The recidivism on rape and sexual assault is 67 percent. So even if we lock somebody up and they get the maximum, they are back on the street, and without some programs that ease them back into society, it is probably going to happen again. And even in the case, I believe South Carolina has instituted, you know, chemical castration. That is not working, either. Because rape is not a physical, sexual gratification but a mental power and control, the castration is not doing anything.

So I think that giving Judges discretion in programs that keep folks, you know, at least under surveillance for a longer period of time might be necessary.

Mr. MICA. Well, the problem we have is trying to identify successful programs to put some of these people in, whether they are habitual sexual offenders or habitual drug offenders or users. And we are not finding very good success stories. Our subcommittee, I think, within the House and the Senate, the Congress would pour whatever funds we could or resources we could into successful programs.

Now there is an exception with some of the faith-based programs, we have higher success rates, and we are trying to modify some of the law to allow the support which heretofore has not been available for some of these other groups. Are there any specific programs you can report to the subcommittee that are particularly effective that should have our support, and any modifications in our criteria for extending support to successful programs?

Ms. FLOWERS. The short answer is, no. The longer answer is, even with the crime statistics that were released within the last 2 weeks, touting how all crimes across the board were going down. If you look specifically at rape and sexual assault, that was the one crime that actually went up in terms of numbers. And that has happened regularly. And we do not talk about it.

So I think one of the things that we need to do, as a country, and certainly in Georgia, is we need to begin talking about it, and

we need to be talking about rape and sexual assault as the heinous crime that it is. That is No. 1.

No. 2, I think what can be done more in terms of resources and successful programs that have just started, are local prevention awareness and ad campaigns. A lot of the campaigns, one of them that you have talked about, in terms of the drug campaigns, tend to be created, you know, by some ad campaign that thinks that they have come up with the right idea, but do not talk to the folks in Carrollton, do not specifically address how the folks live and deal in that community.

One of the things that we did here in Georgia was to spend about \$40,000 on a public awareness campaign, first of all to find out what Georgians knew about sexual assault and rape, and it was pretty bad. It was actually horrible, what we came up with. But it allowed us to design an education program for Georgia, and now is probably going to be used by the entire south, because the demographics are so similar. And allowing us what to find out what resonates in our own communities, as opposed to some boilerplate prevention ad campaign that gets dumped on us, is the recommendation that I would make.

Mr. MICA. Thank you.

Mr. Harman, your daughter died the victim of illegal narcotics which were given to her. Was there any attempt to go after those who provided her these narcotics?

Mr. HARMAN. Yes, he is in jail now. He got a big-name lawyer in Atlanta here to keep him out of jail, I guess, for maybe 2½, close to 3 years. Well, about 2½ years. He has been in jail about a year now. And I do not think he got much time. Truthfully, I did not keep up with it that much.

Mr. MICA. Do you think the penalties are adequate? I have had parents similar to you tell me that, you know, they feel that if someone had used a weapon and destroyed their child, there would be a tougher penalty. Here they have used narcotics which led to just a horrible and painful death for your daughter and your family. And yet they get off with a lesser penalty. It seems that there is a growing family of victims that now are asking that there be some tougher penalties for people who are providing death and destruction to their family members. What is your opinion?

Mr. HARMAN. I have got mixed emotions on it. I agree with what the other panelists said, in a lot of ways, and I am not—I am strong on penalty on things. But I am not naive enough to know that we cannot stop the drugs in this country completely, unless there is a desire out there not to take drugs. That is the main thing. Until we can educate the people in this country against drugs, they have got to do that as the No. 1 thing, I guess. As long as there is a desire, they are going to get them somewhere, the people to provide it for them.

But on the other hand, too, that it is too much in this country, to me, I guess, coddling the people that are the criminals, and do not look at the victims out there. I mean, whether it is the victim themselves or the victim's family or whatever like that, there is too many excuses for the criminals out there that, you know, they did this because of this, that, or whatever, their childhood, or whatever happened to them or how they were brought up or whatever. To

me, you have to take responsibility for actions you do sometime in life, when you get old enough, whatever that age might be, you have to be responsible for what you do, no matter what your background or what other circumstances were.

In that aspect, there needs to be something done. I do not have the answers for sure. And I know there is so much money in drugs itself, that it is going to be a real—just about impossible thing to do. There is a lot of fine judges, a lot of fine sheriffs, policemen, DEA, Customs, or whatever people out there. I am not saying there is not. But there is so much money involved out there and so much corruption that a lot of this stuff does not get arrested to start with. But after they are arrested, I think there needs to be some real stiff penalties for them.

Like on the other hand, I think there are people out there that need to rehabilitate, for sure, before they get back on the streets, and there needs to be an education in the schools. I have gone to different schools around the State, some over there in Alabama, different civic organizations, churches, and spoke to a lot of young people about the water left open, water drinks, mixed drinks, Coca-Cola or whatever. If you are at a party, make sure, telling the young people to not leave your drinks, even with a friend. If it is an open drink served to you somewhere, you know, ask to open it yourself or whatever. So I have, you know, done a lot of that around the State. So there needs to be a lot more of that done.

But still, I still go back to this, we need some strong drug policy for the dealers, the big dealers, the manufacturers, this kind of thing, so long as there is a desire to use these and need for them in the country, I know we will never block it out completely because people will provide it for them. But still, I would like to see as much as possible done to wipe out as much as we can.

Especially, I think, illegal immigration, this kind of thing, reminds me of the Mexican border down there, I would like to see something done about—I do not think there is nothing done about so much illegal immigration coming across the border, which leads to so many drugs coming across the border like that. So many trucks that come across the border unstopped, you do not know what is in them, you know. I do not have the answer, but I think that something needs to be done.

Mr. MICA. It is a Federal responsibility. Well, I appreciate that. I particularly want to thank you for your testimony. And also for your personal efforts to try to turn this horrible tragedy into something positive. I again thank you on behalf of the subcommittee.

Let me yield now to the gentleman from Georgia, Mr. Barr, for questions.

Mr. BARR. Thank you, Mr. Chairman.

What you all have told me today, I mean it really is very, very enlightening. You do not think of putting your life at risk if you are in a commercial establishment and you happen to leave a bottle of water open, rather than closed. And that you cannot even, in that sort of setting, trust leaving a drink on the table for a few moments while you go to the restroom. It really is tragic that we have to worry about such things, but obviously we do. And it is one thing for us to talk about it, but it is quite another to sensitize young people who, as you said, Ned, think they are invincible, and

do not think of these things. But to sensitize them to be cognizant of just the specific act of not leaving an open drink somewhere. It may cost a few dollars to get another one when you come back, but it is certainly a small price to pay for possibly saving your life.

But those are the realities, and I think, Ms. Flowers, what you mentioned about education is very, very important. And you mentioned, I think you mentioned specifically some of the national advertising that General McCaffrey and the Office of National Drug Control Policy have instituted with Federal funding over the last few years. And I think you mentioned that, while it is all well and good, I think they have come up with some very, very effective advertising to alert people to the national drug problem. It is on a very broad level. Is there anything specifically that you could suggest to us, in terms of better directing some of those moneys to local communities? Mr. Harman mentioned that—I think, I do not want to put words in your mouth—but one of the things that Holly and his family faced was a lack of understanding during some of those critical minutes and hours and days over exactly what it is, what it was that they were facing. Are there some specific steps that you can recommend to us when we look, for example, to next year's funding for the National Drug Control Policy Office, in terms of how to better direct those moneys, to better educate local law enforcement, parents, local educators, bar establishment owners and so forth?

Ms. FLOWERS. I think you are on the right track with that, yes. I think the money needs to get to the local community. I am very much a proponent of local focus groups, and really finding out what resonates with people in various communities.

One of the things that we did in Georgia was bring in campaigns that were being used in all different States, nationally, because we thought, well, you know, if it is not broke, do not fix it, and if these campaigns work to educate people about sexual assault and what can happen, we will just purchase those ads and run them here.

What we found out for Georgians is that it did not work for them at all. We conducted focus groups in north Georgia and rural areas, we did male-female. And in fact, the one ad, in fact, that was running out in California had the exact opposite effect of what we thought it should have in front of Georgians.

And so one of the things that I think is missing, when we put money into a campaign, like CDC, and ask for prevention, it is for them, so you know, it all gets bogged up. You all know this because you work with it every day—in some State agency someplace, and it never—either does not get to the local community or the local community is not running a focus group and there is some thing that is put out for them and they are told, you know, run an ad. And so a bunch of well-meaning people come together, and they put something out, but nobody is listening because it does not resonate with them.

And that was my point about, does it resonate in Carrollton? Are there ways that, through State coalitions on maybe a combination of drug coalitions, the anti-drug coalitions and anti-rape coalitions, that they come together and choose some target communities to put together focus groups and run those, and find out what is going to work. Because I think Mr. Harman's point is really good. I mean,

trying to stamp out all the drug dealers is the wrong end of it. Let us educate folks on this end to say, why use it to begin with?

And I think then, in combination with the community and the national overlay of media, we might actually be getting at something.

Mr. BARR. One of the things you mentioned in your written testimony was, "Although GHB was originally considered a safe and natural food supplement," and then you go on. When was it considered that? How long ago are we talking about?

Ms. FLOWERS. Just a few years ago. I do not have the exact year, but it was sold in health food stores, mostly for body builders. Actually, I think just in the past 2 or 3 years, was still pretty available, and sometimes you can still get the different components of GHB, either through your health food store. There is something called, I think it is GLB, it is a precursor—I think I have got that initial right—a precursor to GHB, which is still available in health food stores. And so you can go and buy that and overlay a couple of other things on it and basically have GHB again.

I mean, we are over here talking about illegal drugs coming across the border when I can go to Lindburgh Plaza's health food store and probably pick up everything I need.

Mr. BARR. You mentioned also that some standard screenings are not available in the United States that might do a better job and a quicker job of identifying some of these substances. And here again, as Mr. Harman was indicating, this was perhaps one of the problems, or was one of the problems. We will never know whether it could have saved Holly's life or not, but it was one of the problems, not knowing exactly what they were confronted with at the time that this happened. And I remember that tragic weekend also, Ned, getting a call from Ms. Brock, our representative there. And it was a great deal of uncertainty about what we were faced with, what the law enforcement was facing, what the doctors were facing, what the family was facing.

Are there screenings that are available? Is it a matter of just not having the proper funding, or are priority decisions being made so that we are putting money at the local level, for example, into other areas and not purchasing the equipment that needs to be purchased to better identify these substances?

Ms. FLOWERS. I think it is a combination of both. On an international level, there is a team that has put together a new rape kit, which I do not know if you are familiar with the standard rape kit we use here in Georgia, it is an envelope about this big (indicating), and it contains some slides and swabs that cost about \$7.50. And the law enforcement is responsible for transporting it to and from the hospital. Anybody can buy the rape kit itself, however some law enforcement agencies, because of their desire to control the process, will tell hospitals, you are not allowed to buy it. So they have to wait for law enforcement to come with the rape kit. That is a delay, etc.

On an international level, they have got a—it is a more expensive rape kit, but it has got everything contained in it.

Mr. BARR. Excuse me, when you say more expensive, what sort of magnitude are we talking about? Are we talking about a few dollars?



Ms. FLOWERS. Our rape kit is \$7.50, and this one would probably be, I would suspect, in the \$40 range, but I do not know what the mass production, if the cost would come down on that or anything. You know, if everything else, the price would probably come down over time. But it is a self-contained kit that has got so much dye and everything in it that these tests can be run on the spot. If you were not in a hospital setting, you could actually conduct a rape exam, which is the point you want to get to. So further advancement in those type of screenings would be helpful.

The problem with these drugs is that they are pretty much out of your system in about 12 hours, basically. We usually say that the maximum rape exam can be done at 72 hours for just about all other evidence, and make sure that you have preserved the best evidence that you can. But these—you know, you have an individual who is woken up after basically a semi-comatose situation the night before, and maybe she remembers getting to where she is and maybe she does not. And the way these drugs work, you are sort of in a black-out stage. Rape seems to be a sort of he-said, she-said sort of crime anyway, and so she cannot even completely tell law enforcement what it is that is going on.

Mr. BARR. And that creates problems that, as Mr. Harman said, these high-priced lawyers can use as—

Ms. FLOWERS. Exactly.

Mr. BARR [continuing]. You know, to drive wedges in the testimony.

Ms. FLOWERS. You are at the hospital now, and you are trying to tell them. And in Holly's case, she was unable to tell them what the symptoms are. So you know, that is where the education piece comes in, recognizing these symptoms, both in—I mean, Holly had to beg girlfriends to come and pick her up and to even take her someplace. That the people around here were probably aware, as most people are with their friends, of how quickly they become intoxicated. They probably know that Holly had two drinks at a restaurant, that she was not going to be having seizures and falling down and not being able to communicate effectively.

That is all about educating everybody around you, law enforcement. You know, if I stumble up some evening out of Buckhead on a Friday night after I have been in a club, somebody spiked my drink and I stumble off to a law enforcement officer, I am just going to look drunk, and he may just push me aside and say, you know what, you need to go find your friends, you need to find a ride home, ma'am, you need to, you know, get on out of here. Instead of maybe recognizing the signs that I have been drugged and I need help, before we end up in a situation like Holly.

Mr. BARR. So a key component would be better educating law enforcement on the street, on the beat—

Ms. FLOWERS. Yes.

Mr. BARR [continuing]. To the danger signs of these date rape drugs?

Ms. FLOWERS. Correct. But I think one of the other things that we have done is we have educated in isolation. So we have law enforcement being educated and prosecution over here, the advocates over here, and the medical community. What we support is the concept of all four of those components being needed to address this.

And educating those people collectively, so that they work effectively as a team when something like this happens. So that law enforcement sees the young woman, who then transports to the medical facility who also recognizes the symptoms as the advocates come in to support and help.

Mr. BARR. Thank you. Mr. Massell, you mentioned zero tolerance, and I think you mentioned New York's experience in recent years to sort of pull itself back from the brink of destruction, symbolic destruction, I suppose. We have seen these problems in the Atlanta area as well over the years, the problems with Underground Atlanta, a tremendous positive concept and it went downhill, for some of these very same reasons that we are talking about here. And it can take, at best, years to redevelop a community's reputation for safety and to draw those people back. Once you lose them, you have lost them, and you have to, you know, start all over again, and it can take a lot of time and be very devastating on a community, not only from the personal side, as Mr. Harman related, but from the business standpoint as well.

Could you elaborate just a little more on perhaps some of the specific steps that we could look at with regard to the Buckhead community, for example, similar to what has happened up in New York?

Mr. MASSELL. Well, first of all I would like to endorse and echo the description you just gave of what can happen in a community when it does not have enforcement, and lawlessness runs wild, because it not only affects the business of the nearby orderly establishments, like restaurants that might not be in the late-night arena, it also starts affecting the image of the community and this affects the businesses in retail, it affects even sales and rentals of condominiums and apartments and then single-family homes. And what happens is the property values go down and that decreases ad valorem taxation, income to the city. And the cost is dramatic. And left unchecked, it can make a tremendous difference and a very foolish frugality of not providing the amount of law enforcement that could offset this.

As far as zero tolerance, in my opinion, you have to sometimes use a two-by-four to get a donkey's attention, and if necessary you arrest those that jay-walk and those that do not have their seatbelts on and those who throw cigarette butts out the window and any other violation of any existing ordinance. And then people get the clear picture that you are not going to tolerate lawlessness. And what happens, we found anyway in our community in the Buckhead nightlife area, that it is not so much the people in the clubs that are causing the problems.

In fact, right now the club business is off a minimum of 20 percent. But it is these hangers-on, and according to the law enforcement people, the criminal element, including drug vendors, use this as cover and come into the community, and they can operate without much fear of detection, going into the neighborhoods around with burglaries and car theft and other violations. So that what is needed is this enforcement image that tells people, this is not a comfortable place for the criminal to live or work or operate. And so they will leave this area.

And that could have saved underground, it could have been done quick enough, in my opinion. And that is what is needed very quickly in the Buckhead Village area.

Mr. BARR. Do you think that sort of approach would have a high likelihood of succeeding at the challenge that you laid out at the beginning of this hearing, and that is to stop this problem from becoming an epidemic before it does? Are we still in that window of opportunity where we can do that?

Mr. MASSELL. Yes. Right now, we have a lot of misbehavior, which is disturbing to the quality of life, which is a very important factor to consider. But the crime rate is still relatively small, and the truth is that the drug usage has not reached what would be considered epidemic proportions in the Village. But it surely can if it is not curtailed. And that is why I am pleading for whatever help we can get in the Buckhead community from whatever source is available.

Mr. BARR. Thank you.

Mr. Chairman, if I could, I know that you have been very kind in extending the period of time for question and answer. If I could just ask one final question.

Mr. Harman, as you indicated during the last few years since Holly's tragic death, you spent at least part of your time, probably a good deal of your time, traveling and speaking and helping to try and educate others in a way that will avoid them having to go through the same tragedy that you all did. But looking at the community in Carrollton, in Carroll County, where this tragedy occurred with Holly, have you noticed any changes? Are people more sensitive to these problems, our young people, our schools, our law enforcement, so that hopefully others, as you indicated, will learn from the tragedy that you all have had to deal with? Have you noticed some changes over the last 4 years?

Mr. HARMAN. Somewhat. You know, individual cases, I have had people come up to me and say that this has changed their lives, and knowing about Holly and hearing about her, and how a lot of young people, they are more aware when they go anywhere just out in public, especially bars, this kind of thing, they are more aware of what they are doing, and their drinks, whatever, they are more aware of it from what has happened. They say they are.

And we have urged, when I am going around talking, like Mayor Massell said about zero tolerancy, we have urged that in the community, in the high schools, this kind of thing. We have urged them to put that policy into effect in different schools and the local law enforcement in different areas we have spoke in. I think those things can have a big effect on it. And the things Ms. Flowers said, on the education part, really needs to be done a lot more of.

Mr. BARR. Do you know, Ned, specifically whether some of the pre-existing programs, such as the D.A.R.E. program, the Drug Abuse Resistance Education program, are they talking about these types of drugs, the danger signs of which are very different from marijuana and cocaine, and so forth? Are they well educated as to the danger signs and helping to educate our young people to do some of the things we have talked about here today, that would increase the chances of preventing this sort of thing?

Mr. HARMAN. Honestly, I do not know. I have not heard one of them speak. I know there is a lot of it in our community, to go around speaking like that, but I have never been in it before when they have been there. They do that on their own, I think, at different times.

I might say, a lot of education needs to be out there on the drugs in the communities, but just to throw a different wrinkle at it, it is a lot more deeper, to me, in this country. Our local community, the State, the whole country is a moral decay out there, to me, that we are going to have to address sometime or other in our country, get some morals back into our people, the young people, parents or whatever it might be, where it needs to come from. But in the school system, churches, community action or whatever. But there is no regard for human life out there. And especially in Holly's case, these guys, you know, if they had just carried her to the hospital and rolled her out, they did not have to get involved with the drug people, if they just carried her when they saw her pass out or go into convulsions, if they had just carried her there and just rolled her out in front of the emergency room, I think Holly would still be here today.

Mr. BARR. In that particular case, were there others besides the perpetrators themselves that knew this had happened?

Mr. HARMAN. Well, there were other people there, from what I understand. Now you know, we will never know the truth of the whole thing, because Holly was unable to speak. From her girlfriend, where we get most of my information, that was there with her, she says that the people there, one of the boys there, would not let anybody call the police, call 9-1-1 or do anything like. Afraid they would get in trouble, I guess. And would not help her get into the car, and she was just by herself, nobody would help her. When she had to go across town to the roommate, at the college there, to get another roommate to come back and help to get Holly in the car.

But you know, there is so much regard for animals, I make my living off my animals and crops, this kind of thing, is more regard for animals in this country, it seems like, than there are for human rights nowadays. And I am not saying we do not need to treat animals good, because I do treat animals good, because that is where I make my living from. But there is a lot of people out in this country that have more regard for animals' rights than they do for human rights. I just think we just got to somehow get a grip on this country about the morals, about regard for human life.

I do not know, it seems like I think on the local level is where we have got to do most of our stuff. I am really strong on the local level thing, and maybe something can be used on the local level, too. But on the national level, too, or State level, whatever, looks like there could be something—I do not watch this MTV, something like that, but somewhere where, you know, I can talk, and you all can talk and a lot of grown-ups can talk to young people. But unless you can hit them where they are and pay attention, MTV, or whatever it might be. I could not stand to watch the stuff, myself. But that or some of the things that young people go to.

If you can make them aware of it in that aspect of it, where they show some real-life stuff, something like what happened to Holly,

with all the instruments hooked to her, in a coma, let them know this kind of stuff, dramatization of it, or let them know what happens to people. Whether it is slipped to you or whether you do it as a recreation thing, they need to be more aware of what can happen to you, the consequences of it somehow.

Mr. BARR. Thank you. Thank you, Mr. Chairman.

Mr. MICA. Thank you, Mr. Barr. And I would like to thank our three panelists this morning. I think you have described a new challenge that we face. While we have made some progress on curtailing homicides in this country, we have seen an increase in sexual assaults related to illegal narcotics use. Where we have made progress again in homicides, with the homicides now being exceeded by drug overdose and death through illegal narcotics, and so much of the crime in this country tied into illegal narcotics, we are hopeful that we can work with the local officials in a local-State, private-public partnership to try to bring resources, assistance and meaningful Federal programs that will be more effective in dealing with what Atlanta faces and other communities face.

We thank each of you, particularly you, Mr. Harman, who gave such compelling testimony. I wish every young person and parent could have heard that today. It probably would make a great deal of difference and maybe a few will again take away from here some hope for the future, even though you have suffered a terrible personal loss. So we thank you in particular, and the other panelists. And I will excuse the witnesses at this time, and call our second panel.

Our second panel this morning consists of four witnesses. The first one is Jason Saliba who is the Assistant District Attorney of Cobb County. He is joined on the panel by Paul Howard who is the District Attorney of Fulton County. We also have on this panel John Andrejko, and he is the Special Agent in Charge of the Drug Enforcement Agency. We have our final panelist, Robert Gattison, and Mr. Gattison is the Special Agent in Charge of the Atlanta office of the U.S. Customs Service. I would like to welcome the four panelists.

As I indicated to our first panel, this subcommittee is a subcommittee of the Committee on Government Reform of the House of Representatives and an investigations and oversight panel of Congress. We do swear in our witnesses, which I will do in just a moment. Additionally, if you have any lengthy statements or documentation, we will run a clock, we have four panelists here. Try to limit your oral comments and presentation to the subcommittee to 5 minutes. That will allow us enough time for questions. But if you do have additional statements, documentation or information you would like submitted to the record, upon request through the Chair, that will be made part of the permanent record of this hearing.

With those comments, I would like to now ask the witnesses if they would stand to be sworn. Raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. We appreciate your coming forward this morning and providing us your testimony. Let me start, if I may, with the Assistant District Attorney

of Cobb County, GA, Jason Saliba. Welcome sir, and you are recognized.

**STATEMENTS OF JASON SALIBA, ASSISTANT DISTRICT ATTORNEY, COBB COUNTY, GA; PAUL HOWARD, DISTRICT ATTORNEY, FULTON COUNTY, GA; JOHN ANDREJKO, SPECIAL AGENT IN CHARGE, DRUG ENFORCEMENT ADMINISTRATION; AND ROBERT GATTISON, SPECIAL AGENT IN CHARGE, ATLANTA, U.S. CUSTOMS SERVICE**

Mr. SALIBA. Thank you, Mr. Chairman, and to the members of your staff, and of course, Representative Barr who invited us here. I would like to thank you for allowing law enforcement to be heard on this issue.

Our jurisdiction for Cobb County, GA is one of the northernmost suburbs of the city of Atlanta. I am currently assigned to what is called the MCS Narcotics Unit. That is a task force of local agencies who provide manpower, as well as resources, under the direction of a command staff. We also have a good working relationship with the Drug Enforcement Administration, and in fact have an agent assigned to them as a task force agent.

Over the last 5 to 6 years, we have seen a dramatic increase in certain of the drugs that are before this committee today. The first of those is methamphetamine. As the committee probably knows, for a long time, methamphetamine was controlled predominantly by biker organizations in this country and was brought in from Canada. Over the last few years we have seen a shift in that.

That drug is now controlled predominantly, we believe, by Mexican organized crime units. Indications from our intelligence group within Cobb County, as well as what is shared between the agencies in the city of Atlanta is that those groups are bringing that in from out of the country. We have had recently in the suburban part of Atlanta several labs in various counties, which were found by law enforcement and seized and destroyed.

However, the amount of methamphetamine that we are seeing is not consistent with the laboratories being found here. We have gone from ounce quantities to pound-type quantities that our agents are dealing with. And it is not only Cobb County, it is the surrounding counties around us, because all of our task forces work together and trade information.

With the fall of cocaine in its social status, not the amount of use but its social status not being what it once was, people in this area have turned to methamphetamine. It is a drug which produces a similar type high or reaction, however it is much longer lasting, and the prices are similar and comparable. The organizations who are importing this into our area are exceedingly organized.

The other drug that we are seeing a massive increase in is MDMA, or what is known as Ecstasy. As the previous panel testified, it is a large drug among the youth and young adults of our community. It exists not only in the Buckhead area and in the high night life areas where there is a large concentration, but it exists, we are finding in most neighborhood bars and restaurants and things of that nature, all through the suburbs in Atlanta.

College students, teenagers, they do not understand that this is the same type of effect and the same type of danger as heroin and

cocaine, the things that have been much more publicized and directed at the youth over the years. It comes in through, we believe, the northeastern and northern United States. It is manufactured out of this country predominantly.

This year alone, we have seized 34 percent more dosage units of MDMA than in the last 5 years combined, 140 percent higher seizure rate than in the highest year we had, which was back in the mid-1990's. The date-rape drugs, as far as Rohypnol and GHB present their own problems to our local law enforcement, particularly GHB. Local law enforcement prides itself on working from both ends of the spectrum.

We have undercover agents of course who try to infiltrate drug organizations and stop that type of activity. But our standard police officers, those of every agency in and around the city of Atlanta are trained if they stop an automobile and they smell burned marijuana or they see scales, they see residue in bags, things of that nature, that they are to report that. And they bring in the drug agents and an investigation commences.

However with GHB, that is a much harder task. If you walk into someone's house, they have several bottles of water, like those sitting before the panel, any one of those could contain GHB and law enforcement would never know. And they obviously do not have the resources to test every single substance that is clear in liquid found in every single home. I do not believe we have any accurate statistics, there is a lot of anecdotal evidence that GHB is very prevalent in the Atlanta area. Seizures have remained somewhat steady, however the seizures we have made have been of large quantities, not the single-dosage units.

We are here to ask today, to talk of course, and answer questions, but also ask for the cooperation of the local agencies, as well as the Federal agencies. I do not think that we can do this alone, I do not think the Federal agencies can do it alone. We have a long-standing commitment in Cobb County to working with the other agencies that are represented here, and they have been very good to us over the years. We would like thank them for that and ask for that continued support.

Mr. MICA. Thank you for your testimony. And I would like now to recognize Paul Howard, who is the District Attorney of Fulton County. You are welcomed and recognized at this time.

[The prepared statement of Mr. Saliba follows:]

**TESTIMONY OF  
A. JASON SALIBA  
BEFORE THE  
GOVERNMENT REFORM COMMITTEE'S  
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG  
POLICY, AND HUMAN RESOURCES  
UNITED STATES HOUSE OF REPRESENTATIVES**

**SEPTEMBER 18, 2000**



TESTIMONY OF  
A. JASON SALIBA  
BEFORE THE  
GOVERNMENT REFORM COMMITTEE'S  
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SEPTEMBER 18, 2000

**I. Introduction**

Mr. Chairman and members of the Committee, I am pleased to appear before you today, as the lead Assistant District Attorney assigned to the Marietta/Cobb/Smyrna Organized Crime Unit, to present testimony concerning investigation and prosecution of Methamphetamine and Date Rape Drugs in the metropolitan Atlanta area.<sup>1</sup> These drugs pose significant risks to the Atlanta community, in both urban and suburban areas.

**II. Organization of the Marietta/Cobb/Smyrna Organized Crime Unit**

Law enforcement has long recognized the need for using the task force model to investigate narcotics activity. Therefore, the Marietta/Cobb/Smyrna Organized Crime Unit (MCS) was formed in March of 1980 by the Cobb County District Attorney and the chiefs of several local law enforcement agencies.<sup>2</sup> The MCS Organized Crime Unit is sub-divided into two units, the MCS Narcotics Unit and the MCS Intelligence Unit.

The MCS Narcotics Unit consists of more than thirty agents assigned to the unit from the member agencies. Additionally, two Assistant District Attorneys are assigned to assist the MCS Narcotics Unit and prosecute cases investigated by MCS.

The MCS Narcotics Unit also has an agent assigned to a local Drug Enforcement

Administration (DEA) task force. MCS, the DEA, the U. S. Postal Inspector, and the United States Customs Service routinely assist one another in the investigation of narcotics offenses in the Atlanta area. However, MCS is not a participating agency in the Atlanta HIDTA Task Force, due to the fact Cobb County is not within the Atlanta HIDTA Task Force's geographic area of responsibility.<sup>3</sup>

MCS has conducted operations targeting virtually every federal and state controlled substance. Traditionally marijuana, cocaine, and methamphetamine have been the primary drugs of abuse in suburban Atlanta. However, this year ecstasy has become the fourth major drug being distributed in the areas served by MCS. Anecdotal evidence also suggests other club and date-rape drugs are becoming more prevalent in metropolitan Atlanta. However, for reasons discussed below, no accurate statistics exist in regard to these drugs.

### **III. Methamphetamine**

Methamphetamine is a form of amphetamine, which was first synthesized in Germany in late 1887. Methamphetamine is classified as a stimulant and was originally developed for use as a diet drug. It is the only illegal drug of abuse manufactured in large amounts inside of the United States at this time.<sup>4</sup>

Four basic methods of manufacturing methamphetamine currently exist. Two of those four methods use combinations of household chemicals and over-the-counter medication to produce, or cook, methamphetamine.<sup>5</sup> Stationary methamphetamine labs are usually found in the more rural areas of Metropolitan Atlanta. Portable laboratories are found in all areas of Atlanta, including in the trunks of automobiles. These mobile laboratories pose an extraordinary risk to the citizens of Atlanta due to the possibility of chemical poisoning of anyone who comes in contact with such a laboratory or the requisite methamphetamine ingredients. Also of great concern to law enforcement is the chance of a laboratory explosion while in highly populated areas.

Methamphetamine was traditionally referred to as "redneck cocaine". This name arose because the effects of methamphetamine and cocaine are similar and it was

abused, until recently, predominantly by lower income, rural Caucasians. Methamphetamine was most often manufactured and distributed on the street by organized biker gangs. This combination of users and distributors kept methamphetamine from achieving the social status of cocaine in the 1980's. However, as cocaine has declined in social stature over the last decade, methamphetamine has gained more widespread social acceptance among drug users.

As the regulation of the prerequisite ingredient chemicals of methamphetamine progressed, much of the methamphetamine manufacturing moved to Mexico. Most of the ingredients which are controlled in the United States, most notably ephedrine and pseudoephedrine, are readily available in Mexico.

Approximately 80% of the methamphetamine now distributed in the United States originates either in Mexico or in clandestine United States laboratories run by Latin drug distribution organizations. These laboratories have been located nationwide and are prolific in the extreme western and southwestern United States. An even higher than average percentage of methamphetamine distributed in the Atlanta area originates in Mexico.

Methamphetamine in suburban Atlanta sells for \$75 per gram, \$450-\$500 per one-half ounce, and \$8,000 per pound. By comparison, cocaine sells for \$80-\$100 per gram, \$450-\$600 per one-half ounce, and \$10,000-\$17,000 per pound.

Methamphetamine causes the same physical reactions and feelings as cocaine. The largest difference between the effects of cocaine and methamphetamine is that a methamphetamine high lasts up to nine to twelve times as long as a cocaine high.<sup>6</sup>

The combination of methamphetamine's strong effects, price, and an increase in its social stature have made methamphetamine a growing problem in Metropolitan Atlanta over the last three years. Cobb County experienced a drastic increase in the amount of methamphetamine seized from 1997 to 1999. Additionally, Cobb County is now locating more portable laboratories and larger quantities of methamphetamine.

#### IV. Methylenedioxyamphetamine (Ecstasy)

Methylenedioxyamphetamine (MDMA) is a synthetic designer drug originally synthesized in Germany in 1912. MDMA exhibits the properties of both a stimulant and a psychedelic drug. MDMA has become a popular drug among high school students as well as many college students and other young adults. Since 1992, MDMA has been available to authorized psychiatrists for use on research subjects, despite its Schedule I classification.<sup>7</sup>

MDMA found in Metropolitan Atlanta predominately originates in the Netherlands. MDMA, transported by courier, enters the United States through northeastern airports. The drug is then distributed by various groups throughout the country. MDMA found in suburban Atlanta is generally less than 40% pure, and it varies greatly in quality and appearance.

Low doses of MDMA provide the drug user with heightened interpersonal feelings and communication with others. Feelings of high self-esteem and confidence combined with explosive and heightened physical sense of touch and taste are further effects of the drug. Users of MDMA also report intensification of colors and feelings of personal insight. The combination of these effects have given MDMA its reputation as the "love drug".<sup>8</sup> Users, particularly young adults, consume MDMA and believe themselves to be more able to interact socially. This belief combined with the physical intensification of senses and a general feeling of euphoria often lead to periods of increased sexual arousal and activity.

Furthermore, MDMA is no longer only a rave party drug. It is found in all parts of suburban Atlanta including bars, restaurants, schools, and in open-air drug markets. Many MDMA users consume the drug on a daily basis. Younger users are known to carry "rolls" or stacks of pills rolled up in cellophane like candy. MDMA in suburban Atlanta costs approximately \$25 per tablet if purchased in single doses and \$10 to \$11 per tablet if purchased in greater quantities.

MCS and other Cobb County law enforcement agencies began to see increased

amounts of MDMA in the mid 1990's. During 1997 and 1998 there appeared to be an inexplicable decline in the amount of MDMA found, sold to, or confiscated by law enforcement. However, as of August 31, 2000, MCS alone has seen a drastic increase in MDMA seizures and cases over the entirety of 1999 and a significant increase over the averages of the mid 1990's. These statistics do not include the large amount of MDMA seized by the other law enforcement agencies in Cobb County. It is the belief of these agencies that the popularity of MDMA is increasing and that dealers of MDMA are likely to stock large amounts of the drug due to the lack of a state trafficking in MDMA statute.<sup>9</sup>

#### V. Date Rape Drugs

The two most notable date rape drugs in Atlanta are rohypnol and gamma hydroxybutyrate (GHB). Rohypnol and GHB are both central nervous system depressants. Low doses of rohypnol cause general sedative and relaxation effects. Larger doses cause loss of muscle control, loss of consciousness, and partial amnesia. GHB causes relaxation and loss of social inhibitions in low doses and deep, unwakeable sleep in larger doses. When combined with other depressants, including alcohol, both GHB and rohypnol can be fatal.

GHB is usually found as an odorless, colorless liquid. It may also be in a white powder form. GHB was first synthesized in France in the 1960's. GHB is always ingested orally and begins to take effect within five to twenty minutes.

GHB in Atlanta costs \$20-\$25 per vial. Distribution commonly occurs in nightclubs, bars, and athletic centers. Seizures from a teaspoonful to multiple gallons have been made by MCS and other Cobb County law enforcement agencies. However, detection of GHB by law enforcement is often difficult due to the fact it is colorless and odorless and can be stored in soft drink containers, bottled water containers, cosmetic containers, and other innocuous places. Unlike other common drugs of abuse, there is nothing about GHB's physical characteristics which would alert a peace officer to its

presence during an unrelated investigation.<sup>10</sup> These detection problems prevent accurate estimates of GHB distribution in suburban Atlanta, but many peace officers feel there is much more GHB abuse than law enforcement can prove at this time.

Rohypnol and GHB are often used as date rape drugs. GHB can induce a state of sleep so deep that rape or sodomy can be committed and the victim will not regain consciousness until much later. Rohypnol also sedates rape victims and causes amnesia in high doses. Each of these drugs is ingested orally and is well suited to being placed in an unsuspecting victim's drink. GHB and Rohypnol are also often laced into other drugs such as MDMA and then given to potential victims who are narcotic users. The effect of both drugs is to lessen a victim's chance to defend themselves or to be able to prove the identity of the rapist.

Furthermore, drug rape victims are generally more fearful to report rape than even violent rape victims. Report of the rape often means reporting illicit drug use as well as the other emotional burdens such a crime places on every rape victim. This suspected underreporting of drug rapes often prevents prosecution of suspected multiple offenders and predators. Therefore, there are no completely accurate statistics concerning drug rape in suburban Atlanta, although it is obviously a growing problem in metropolitan Atlanta.

## **VI. Conclusion**

Methamphetamine, MDMA, and Date Rape Drugs are all present in Atlanta. Each of them presents different challenges to law enforcement. While each agency in Atlanta continues to be innovative in our efforts to control illicit drugs, it is apparent that we must look to task forces and combinations of all interested parties in order to protect our society from the dangers posed by the use and distribution of drugs. This is particularly true in the effort to protect society, and especially young adults, from the influence of designer drugs targeted specifically at younger users.

**Resources**

1. Drug Identification Bible, 587-599 (Tim Marnell, ed., 4<sup>th</sup> ed. 1999).
2. Executive Office of the President, Office of National Drug Control Policy, Facts and Figures: Club Drugs. 2000.
3. Executive Office of the President, Office of National Drug Control Policy, Drug Policy Clearinghouse: Drug Data Summary.
4. Executive Office of the President, Office of National Drug Control Policy, Facts and Figures: Methamphetamine.
5. National Institute on Drug Abuse, Research Report Series: Methamphetamine Abuse and Addiction. April 1998.
6. U.S. Department of Justice, Drug Enforcement Administration, 3,4-Methylenedioxymethamphetamine (MDMA, XTC, Ecstasy, Adam).
7. U.S. Department of Justice, Drug Enforcement Administration, Drug Intelligence Brief: An Overview of Club Drugs. February 2000.

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<sup>1</sup> This written statement represents the views of the Cobb County District Attorney's Office. My oral presentation and responses to questions are my own and do not necessarily reflect those of the District Attorney or the Marietta/Cobb/Smyrna Organized Crime Unit Board of Directors, the Directors, or the Unit Commanders.

<sup>2</sup> The names of the member police agencies have not been disclosed due to security and confidentiality concerns surrounding the identity of the undercover MCS agents.

<sup>3</sup> Executive Office of the President, Office of National Drug Control Policy, Atlanta HIDTA - - FY 2000 Site Fact Sheet. 2000.

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<sup>4</sup> Drug Identification Bible, 587-599 (Tim Marnell, ed., 4<sup>th</sup> ed. 1999).

<sup>5</sup> Ibid.

<sup>6</sup> Ibid. at 587-611.

<sup>7</sup> Ibid. at 612-615.

<sup>8</sup> Executive Office of the President, Office of National Drug Control Policy, Facts and Figures, Club Drugs. 2000.

<sup>9</sup> O.C.G.A. §16-13-31 (1999) reads as follows:

(a) (1) Any person who knowingly sells, manufactures, delivers, or brings into this state or who is knowingly in possession of 28 grams or more of cocaine or of any mixture with a purity of 10 percent or more of cocaine, as described in Schedule II, in violation of this article commits the felony offense of trafficking in cocaine and, upon conviction thereof, shall be punished as follows:

(A) If the quantity of the cocaine or the mixture involved is 28 grams or more, but less than 200 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of ten years and shall pay a fine of \$200,000.00;

(B) If the quantity of the cocaine or the mixture involved is 200 grams or more, but less than 400 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall pay a fine of \$300,000.00; and

(C) If the quantity of the cocaine or the mixture involved is 400 grams or more, the person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall pay a fine of \$1 million.

(2) Any person who knowingly sells, manufactures, delivers, or brings into this state or who is knowingly in possession of any mixture with a purity of less than 10 percent of cocaine, as described in Schedule II, in violation of this article commits the felony offense of trafficking in cocaine if the total weight of the mixture multiplied by the percentage of cocaine contained in the mixture exceeds any of the quantities of cocaine specified in paragraph (1) of this subsection. Upon conviction thereof, such person shall be punished as provided in paragraph (1) of this subsection depending upon the quantity of cocaine such person is charged with knowingly selling, manufacturing, delivering, or bringing into this state or knowingly possessing.

(b) Any person who knowingly sells, manufactures, delivers, brings into this state, or has possession of four grams or more of any morphine or opium or any salt, isomer, or salt of an isomer thereof, including heroin, as described in Schedules I and II, or four grams or more of any mixture containing any such substance in violation of this article commits the felony offense of trafficking in illegal drugs and, upon conviction thereof, shall be punished as follows:

(1) If the quantity of such substances involved is four grams or more, but less than 14 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of five years and shall pay a fine of \$50,000.00;

(2) If the quantity of such substances involved is 14 grams or more, but less than 28 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of ten years and shall pay a fine of \$100,000.00; and

(3) If the quantity of such substances involved is 28 grams or more, the person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall pay a fine of \$500,000.00.



(c) Any person who knowingly sells, manufactures, grows, delivers, brings into this state, or has possession of a quantity of marijuana exceeding 50 pounds commits the offense of trafficking in marijuana and, upon conviction thereof, shall be punished as follows:

- (1) If the quantity of marijuana involved is in excess of 50 pounds, but less than 2,000 pounds, the person shall be sentenced to a mandatory minimum term of imprisonment of five years and shall pay a fine of \$100,000.00;
- (2) If the quantity of marijuana involved is 2,000 pounds or more, but less than 10,000 pounds, the person shall be sentenced to a mandatory minimum term of imprisonment of seven years and shall pay a fine of \$250,000.00; and
- (3) If the quantity of marijuana involved is 10,000 pounds or more, the person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall pay a fine of \$1 million.

(d) Any person who knowingly sells, manufactures, delivers, or brings into this state 200 grams or more of methaqualone or of any mixture containing methaqualone, as described in paragraph (6) of Code Section 16-13-25, in violation of this article commits the felony offense of trafficking in methaqualone and, upon conviction thereof, shall be punished as follows:

- (1) If the quantity of the methaqualone or the mixture involved is 200 grams or more, but less than 400 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of five years and shall pay a fine of \$50,000.00; and
- (2) If the quantity of the methaqualone or the mixture involved is 400 grams or more, the person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall pay a fine of \$250,000.00.

(e) Any person who knowingly sells, manufactures, delivers, or brings into this state or has possession of 28 grams or more of methamphetamine, amphetamine, or any mixture containing either methamphetamine or amphetamine, as described in Schedule II, in violation of this article commits the felony offense of trafficking in methamphetamine or amphetamine and, upon conviction thereof, shall be punished as follows:

- (1) If the quantity of methamphetamine, amphetamine, or a mixture containing either substance involved is 28 grams or more, but less than 200 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of ten years and shall pay a fine of \$200,000.00;
- (2) If the quantity of methamphetamine, amphetamine, or a mixture containing either substance involved is 200 grams or more, but less than 400 grams, the person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall pay a fine of \$300,000.00; and
- (3) If the quantity of methamphetamine, amphetamine, or a mixture containing either substance involved is 400 grams or more, the person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall pay a fine of \$1 million.

(f) (1) Except as provided in paragraph (2) of this subsection and notwithstanding Code Section 16-13-2, with respect to any person who is found to have violated this Code section, adjudication of guilt or imposition of sentence shall not be suspended, probated, deferred, or withheld prior to serving the mandatory minimum term of imprisonment prescribed by this Code section.  
(2) The district attorney may move the sentencing court to impose a reduced or suspended sentence upon any person who is convicted of a violation of this Code section and who provides substantial assistance in the identification, arrest, or conviction of any of his accomplices, accessories, coconspirators, or principals. Upon good cause shown, the motion may be filed and heard in camera. The judge hearing the motion may impose a reduced or suspended sentence if he finds that the defendant has rendered such substantial assistance.

(g) Any person who violates any provision of this Code section in regard to trafficking in cocaine, illegal drugs, marijuana, or methamphetamine shall be punished by imprisonment for not less than five years nor more than 30 years and by a fine not to exceed \$1 million.

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<sup>10</sup> Many state level narcotics investigations begin when an alert officer investigating another crime, such as burglary, assault, or traffic offenses, discovers evidence of narcotics.

Mr. HOWARD. Good morning. Again, I would like thank the Congress for being here and examining what I believe is a very important issue. I would like to restrict my comments to the date rape drugs. And I have prepared some comments that I submitted, and I would like to—

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. HOWARD. On January 28th, a Fulton County Jury convicted two defendants for rape and aggravated sodomy upon a local college student. The conviction was unique in that it represented the first sexual assault involving the use of a so-called date-rape drug to be prosecuted in the State of Georgia. The facts and circumstances of the case were all too familiar.

On March 31, 1998, the defendants made the acquaintance of the victim and one of her female friends while the defendants visited the young lady's dormitory room at Georgia State University, which is one of our local colleges. The defendants brought that night a baby food jar containing Gamma HydroxyButyrate [GHB], G, or liquid X, which they had purchased somewhere near the campus.

At the urging of the defendants, the victim and her friend ingested a small amount of the drug thinking that it would produce a mild high, but instead, both of the women lost consciousness; their breathing was slowed to a dangerous pace. And while one of the women lay unconscious in the bathroom, the other woman was sexually assaulted by both men. Had another student not stopped by just by chance and called 9-1-1, none of this would have ever been brought to the public's attention. Even worse, more serious physical harm would have resulted to these two young ladies.

The jury convicted the defendants in this case in less than 90 minutes. The trial judge, along with the defense, had successfully suggested during the trial that the victim was as much to blame for what happened as the defendants, and the defendants in this case were granted a retrial. And at the retrial, some of the evidence that was excluded during the first trial, under our State's rape shield law, was admitted and these defendants were acquitted.

Even though we had eye witness testimony and the victim's brave determination to undergo the pain of a second trial, it did not outweigh the misunderstanding and confusion surrounding these date-rape drugs, and the ways which they affect sexual assault cases.

Recognizing this after first trial, my office sponsored a short educational seminar on the dangers of date rape drugs. In addition to the staff members from my office, speakers included members of the Grady Rape Crisis Center, the Georgia Poison Center and the Georgia Network to End Sexual Assault. Mr. Ned Harman, whom you heard from before, was also on hand to bring the real dangers of these substances to the public. Deans of students and panhellenic councils, student leaders from over a dozen area colleges and universities, as well as representatives from the county and city boards of education were invited to attend and the response was overwhelming.

And Congressmen, I would like for you all to know that the most common question that they asked was, what can our young people do to protect themselves, and what should we know about these drugs? And I believe that these concerns are well founded, because these drugs are easily slipped into beverages, alcoholic or otherwise, rendering the victim sedated, confused and, at worst, unconscious or comatose.

These drugs are a sexual predator's dream come true. And once an assault has taken place, the amnesia which commonly accompanies these other symptoms leaves the victim uncertain of what has actually taken place, and unable to fully assist law enforcement in the prosecution of those responsible. Hence, most sexual experts in law enforcement agencies in this area feel certain that incidents such as this involving date rape drugs are seriously under-reported. Even if a woman has reason to believe that she has been the victim of a sexual attack while under the influence of one of these substances, the feelings of guilt or shame at having willingly ingested the drug may prevent her from seeking help, the help she needs, or may lead her to believe that she cannot seek the justice she deserves. And the threat posed by these drugs we believe is also growing.

In the last year, the city of Atlanta Police Department has encountered over 200 cases involving club drugs, a designation that includes not only GHB but Rohypnol, Ketamine and Ecstasy. And in 1999 alone, the Georgia Poison Center received 26 Ketamine-related calls, 37 Rohypnol-related calls, and an astounding 265 GHB-related calls. And 15 of the calls related to Rohypnol, and 20 of the GHB calls specifically indicated that the exposure to the drug was malicious in nature. Many of these calls also report that alcohol was used concurrently with the drug.

I see that my time is up. I have some other statistics regarding what we believe is a growing danger, and I also have three areas of suggestions that I think that the Congress might examine in trying to eliminate this threat.

Mr. MICA. Thank you. We will get back to you on your recommendations. I would like to recognize now John Andrejko, who is the Special Agent in Charge of our Drug Enforcement activities here. Thank you and you are recognized.

[The prepared statement of Mr. Howard follows:]

**GOVERNMENT REFORM COMMITTEE'S SUBCOMMITTEE ON  
CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES:  
"METHAMPHETAMINE AND 'DATE RAPE' DRUGS: A NEW GENERATION OF KILLERS"  
TESTIMONY OF FULTON COUNTY DISTRICT ATTORNEY PAUL L. HOWARD, JR.  
18 SEPTEMBER 2000**

On January 28<sup>th</sup> of last year, a Fulton County jury convicted two brothers, Kenneth and Timothy Iverson, for rape and aggravated sodomy upon a Georgia State University student whom I'll identify simply as 'JS.' While this conviction was unique in that it represents the first sexual assault involving the use of a so-called "date-rape drug" to be prosecuted in the state of Georgia, the facts, circumstances, and ultimate outcome of the case are all-too-familiar. On March 31<sup>st</sup>, 1998, the defendants made the acquaintance of the victim and one of her female friends when the brothers visited the young ladies' dormitory at Georgia State University. The Iversons brought with them that night a baby-food jar containing gamma hydroxy butyric acid—GHB—commonly known as "G" or "Liquid X," which they had purchased somewhere near the campus. At the urging of the defendants, the victim and her friend knowingly ingested a small amount of the drug thinking it would induce a mild "high." Instead, both of the women lost consciousness; their breathing slowed to a dangerous pace. With her friend unconscious in the bathroom, JS, who had passed out in her bedroom, was sexually assaulted by both men. Had another student who had stopped by the room by chance not called 911, none of this might ever have been known or, worse, more serious physical harm might have come to either of the girls. An emergency medical technician called to the scene entered the student's room even as Timothy Iverson's assault upon the victim continued. The jury convicted the defendants with less than 90 minutes' deliberation.

The trial judge, who, along with the defense, had suggested during the trial that the victim was as much to blame for what happened as the defendants, granted the Iversons' request for a new trial. The re-trial earlier this year, which this time included testimony normally excluded by the State's Rape Shield Law, resulted in an acquittal. Even eye-witness

testimony and the victim's brave determination to undergo the pain of two trials could not outweigh the misunderstanding and confusion surrounding these drugs and the ways in which they effect sexual assault cases.

Recognizing this, following the first trial, my Office sponsored a short educational seminar on the dangers of date-rape drugs. In addition to staff members from our Crimes Against Women & Children Unit, speakers included experts from the Grady Rape Crisis Center, the Georgia Poison Center, and the Georgia Network to End Sexual Assault. Mr. Ned Harman, who is with us today, was also on hand to bring home the very real dangers of these substances. Deans of students, Pan-Hellenic councils, and student leaders from over a dozen area colleges and universities, as well as representatives from the City and County Boards of Education were invited to attend, and the response was overwhelming. The most common questions from participants were "What can our young people do to protect themselves? What should they know about these drugs?"

And these concerns are well founded. Easily slipped into beverages, alcoholic or otherwise, and rendering the victim sedated and confused or, worse, unconscious or comatose, these drugs are a sexual predator's dream come true. And once an assault has taken place, the amnesia which commonly accompanies these other symptoms leaves the victim uncertain of what has actually taken place and unable to fully assist law enforcement in the prosecution of those responsible. Hence, most sexual assault experts and law enforcement agencies feel certain that incidents such as these are seriously under-reported. Even if a woman has reason to believe she has been the victim of a sexual attack while under the influence of one of these substances, feelings of guilt or shame at having willingly ingested the drug may prevent her from seeking the help she needs or may lead her to believe that she cannot seek the justice she deserves.

And the threat posed by these drugs is growing. In the last year, the City of Atlanta Police Department has encountered over 200 cases involving "club drugs," a designation that includes not only GHB but also Rohypnol, Ketamine, and Ecstasy. In 1999 alone, the Georgia Poison Center received 26 Ketamine-related calls, 37 Rohypnol-related calls, and an astounding 265 GHB-related calls. Fifteen of the calls related to Rohypnol and 20 of the

calls related to GHB specifically indicated that exposure to the drug was “malicious” in nature. Many of these calls also report that alcohol was used concurrently with these already dangerous substances. And so far this year, the Grady Rape Crisis Center here in Atlanta has seen five rape cases in which victims reported having been drugged with one of these substances prior to the assault. In providing my Office with this information, all of the sources surveyed—from the Police Department to the Rape Crisis Center to the Deans of Students at area universities—stressed that they feel certain the actual number of date-rape drug related assaults is much higher than what their reported numbers represent.

In light of these shocking figures from the metro-area alone and as the numbers escalate year after year across the state and the country, we may wish to consider establishing a statewide protocol to address the issue of sexual assaults related to these substances similar to the “Georgia Protocol for Responding to Victims of Sexual Assault,” developed by the Georgia Sexual Assault Task Force of the Georgia Department of Human Resources’ Division of Public Health.

That Protocol—which calls for consistent, comprehensive, sensitive and non-judgmental treatment of victims of sexual assault; standardization in the collection of evidence in order to aid in the prosecution of cases; and coordinated efforts among health providers, law enforcement personnel, prosecutors, and victim advocates—applied specifically to the unique and insidious nature of these crimes would likely prove tremendously beneficial to victims and prosecutors alike.

Whatever form of action is decided upon, the time to act is now. The almost daily reports from across this nation of children, teenagers, and young adults falling prey to these illegal substances must force us to act. The numbers are all-too telling, the dangers all-too real, and the price all-too high to stay silent.

Thank you.

Mr. ANDREJKO. Good morning, Chairman Mica, and distinguished members of the committee. I am pleased to have the opportunity to appear before you today to discuss the emerging drug threats facing the youth of America. I would first like to thank you personally, and the committee for its continued support of the Drug Enforcement Administration, and overall support of drug law enforcement. I do request that written testimony be accepted into the record.

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. ANDREJKO. Thank you.

As you are well aware, the alarming spread of illegal drug abuse by our youth is having a profound effect in communities throughout the United States. It is fair to state that the increasing use of synthetic or club drugs, such as MDMA, also known as Ecstasy, GHB, Ketamine, LSD and methamphetamine by young adults is quickly becoming one of the most significant law enforcement and social issues facing our Nation today. Perhaps most frightening is the decreased perception of risk that young teens have regarding the use of these drugs.

Although all club drugs pose significant threats to our youth, today I will focus upon the dangers of methamphetamine and MDMA or Ecstasy. While methamphetamines are not an entirely new problem in the United States, about 6 years ago an upsurge of methamphetamine trafficking and abuse began taking hold in many regions of the Nation, starting on the West Coast and rapidly expanding throughout the United States.

DEA statistics indicate that in 1993, DEA seized a total 218 methamphetamine labs nationwide. Current DEA statistics indicate that in 1999, DEA alone seized 2021 clandestine laboratories and that the total number of laboratories seized by Federal, State and local law enforcement offices nationwide was 7,060. Methamphetamine clandestine laboratory seizures within DEA's Atlanta field division also have greatly increased. Five years ago, DEA seized less than five methamphetamine laboratories, just in the northern district of Georgia. In fiscal year 1999, a total of 34 laboratories were seized, and to date in the northern district of Georgia, a total of 44 laboratories have been seized in fiscal year 2000.

The majority of methamphetamine available for consumption in the southeast area, and especially in Georgia, originates in Mexico, California and Texas, and is transported via couriers by vehicles, commercial tractor-trailers and commercial postal services. In the last few years, a substantial amount of investigations initiated by the DEA Atlanta field division involved methamphetamine distribution and increasingly more methamphetamine violators have been arrested. The figures for those arrested have increased from 307 in fiscal year 1997 to 521 in fiscal year 2000. In 1996, the DEA Atlanta field division seized a total of 54 pounds of methamphetamine. For the last 3 fiscal years, methamphetamine seizures have continued to trend upward. For the last fiscal year, fiscal year 1999, DEA Atlanta seized 469 pounds of methamphetamine. Seizures for fiscal year 2000 are not final, but show a slight decrease.

As many of us know, the violence associated with methamphetamine trafficking and use has also produced a collateral impact on



the crime statistics of communities across the United States. Methamphetamine-related violence usually results from the user under the influence of the drug. Over the course of the last 2 years, the national methamphetamine situation has changed significantly. Until 1999, the methamphetamine problem was increasing at a dramatic rate.

The national purity level for methamphetamine, as well as amphetamine, has gone down dramatically in 1999 to 2000. Precursor chemical controls, international letter of non-objection program and chemical interdiction, combined with aggressive national and local law enforcement efforts has produced positive results.

We are cautiously optimistic. However the recent explosion of Ecstasy seizures and related emergency room episodes are of great concern. Recent statistics indicate that between 1998 and 1999, use of Ecstasy rose by a third among 10th graders and by 56 percent among 12th graders.

Mr. Chairman, while Ecstasy abuse currently is not as widespread as that of many other drugs, it nonetheless increased at an alarming rate; 800 percent over a 4-year period. Traditionally, the Ecstasy drug market in the United States has been supplied and controlled by western European-based traffickers. In recent years, Israeli organized crime syndicates, some composed of Russian emigres associated with Russian organized crime syndicates have forged relationships with the western European traffickers.

What unites these drug trafficking organizations is the enormous profit realized, along with the fact that MDMA is typically not produced in the United States. Although estimates vary, the cost of producing an MDMA tablet can run between 50 cents to \$1. By the time the pill reaches U.S. soil, it can be sold for \$25 to \$40 per pill. Thus a \$10,000 investment can realize a potential profit of almost \$360,000.

Presently, DEA has several ongoing investigations into these drug trafficking organizations. DEA's Special Operations Division conducted one such investigation. This investigation, entitled Operation Rave, focused on an MDMA distribution cell that operated throughout the northeast and Florida. The leader of this organization, an Israeli national, was responsible for the distribution of approximately 150,000 tablets of MDMA per week.

This and related spin-off investigations resulted in the arrest of 105 defendants, the seizures of 620,000 tablets of MDMA and approximately \$935,000 in U.S. currency. The significance of this investigation was the fact that it identified for the first time, the involvement of Israeli and Russian crime groups in MDMA trafficking. The MDMA situation in Georgia mirrors national trends. MDMA is very popular among middle-class college-age students who mistakenly perceive this designer drug to be harmless. In the Atlanta metropolitan area, like in many other metropolitan cities throughout the United States, MDMA is widely available in the night club scene, at rave parties, college campuses and health fitness centers.

Even though a few MDMA laboratories have been seized in the Atlanta field division, the bulk of MDMA pills available in the Atlanta metropolitan area are manufactured in the Netherlands, transported overland to other European cities, and transshipped

into this area via Canada and Mexico. The trafficking of MDMA in the Atlanta area appears to be controlled by local drug traffickers with connections to Russian and Israeli organized crime members.

Within the last few months, two major seizures of MDMA have been made in the Atlanta metropolitan area. One totaled 70,000 pills and the other 30,000 pills. In addition, approximately 27,000 kilograms of MDMA was destined for distribution in the Atlanta area and was seized by DEA.

These drug trafficking organizations control their operations through sophisticated networks of production, distribution, money laundering and security cells. Prosecuting these drug king pins who command and control the organizations requires law enforcement to find some way to get inside their sophisticated structures to obtain evidence of their crimes. Often the only feasible means of infiltrating these structures is through the use of electronic surveillance. To effectively deploy these methods and to stay one step ahead of the traffickers, law enforcement must be able to move on available information as expeditiously as possible.

In conclusion, legislation such as House Bill H.R. 297, the Methamphetamine Proliferation Act of 1999 and companion Senate Bill S. 486 which calls for the Sentencing Commission to amend guidelines, to increase penalties associated with manufacturing and trafficking of Ecstasy and an assessment of the abuse of and trafficking in GHB will be tremendous asset to law enforcement.

Again, I applaud the chairman for his unwavering dedication and support to this serious issue. I thank you for providing me the opportunity to address the committee, and I look forward to taking any questions you may have on this important issue.

Mr. MICA. Thank you. And we will withhold questions until we have heard from our final witness, which is Robert Gattison. And he is Special Agent in Charge of the Atlanta Office of U.S. Customs. Welcome, sir, and you are recognized.

[The prepared statement of Mr. Andrejko follows:]

Remarks by

**John Andrejko**

*Special Agent in Charge  
Atlanta Field Division  
Drug Enforcement Administration  
United States Department of Justice*

Before the

**Criminal Justice, Drug Policy and Human Resources  
Subcommittee**

Regarding

**Methamphetamine and Date Rape Drugs:  
“A New Generation of Killers”**



*September 18, 2000  
Atlanta International School, Atlanta, Georgia*

*Statement of*  
*John Andrejko*  
*Special Agent in Charge*  
*Atlanta Field Division*  
*Drug Enforcement Administration*  
*Before the*  
*Criminal Justice, Drug Policy and Human Resources Subcommittee*  
*September 18, 2000*

Chairman Mica, distinguished members of the Committee: I am pleased to have the opportunity to appear before you to discuss the emerging drug threats facing the youth of America today. I would first like to thank you personally and the Committee for its continued support of the Drug Enforcement Administration (DEA) and overall support of drug law enforcement.

As you are well aware, the alarming spread of illegal drug abuse by our youth is having a profound effect in communities throughout the United States. It is fair to say that the increasing use of synthetic or club drugs such as 3,4-Methylenedioxymethamphetamine (MDMA aka Ecstasy), GHB, Ketamine, LSD and methamphetamine by young adults is quickly becoming one of the most significant law enforcement and social issues facing our nation today. DEA reporting indicates widespread abuse within virtually every major city throughout the United States with indications of trafficking and abuse expanding to smaller cities across the nation. Perhaps most frightening is the decreased perception of risk that young teens have regarding the use of these drugs. Many mistakenly believe they are not as harmful or addictive as mainstream drugs.

One concern is the recent explosion of Ecstasy seizures and nationwide hospital emergency room mentions related to Ecstasy. Although available since the 1980's, its use has escalated in the 1990's among college students and young adults, particularly those who participate in all-night dance parties called "raves." Recent statistics indicate that between 1998 and 1999, past year use of ecstasy rose by a third among 10<sup>th</sup> graders, and by 56 percent among 12<sup>th</sup> graders. The greatest number of MDMA users fell into the 18-25 year old category with slightly greater than 1.4 million people reporting its use.

Secondly, while methamphetamine is not an entirely new problem in the United States, about six years ago an upsurge in methamphetamine trafficking and abuse began

taking hold in many regions of the nation, starting on the West Coast, and rapidly expanding into the Midwest and Southwestern United States. DEA statistics indicate that in 1993, DEA seized a total of 218 methamphetamine labs nationwide. Current DEA statistics indicate that in 1999, DEA alone seized 2,021 clandestine laboratories and that the total number of laboratories seized by Federal, state and local law enforcement officers nationwide was 7,060 (note: 97% of all reported lab seizures were either methamphetamine or amphetamine labs).

As such, due to the potential health and safety threat each pose to the general public, and in particular, America's youth population, I will focus my testimony today on methamphetamine and MDMA trafficking.

**Part I:**

**Methamphetamine Nationwide:**

Traditionally considered the "poor-man's" cocaine, methamphetamine is a central nervous system stimulant. Police reporting clearly indicates that methamphetamine addiction and trafficking has resulted in increased violence and severely impacted the quality of life in many American communities. Increasing methamphetamine production and abuse poses a unique challenge for drug enforcement in the United States. Law enforcement agencies must now face the burdens of additional specialized training for officers, hazardous waste disposal, environmental contamination, and additional public safety issues of fires, explosions, and poison gas, in addition to the crime, violence, and abuse problems typically associated with controlled substances.

There are at least three distinct components to combating the overall methamphetamine problem: comprehensive domestic and international precursor chemical control and enforcement, fighting organized, high volume drug traffickers and the identification and clean up of the growing number of smaller producing, "mom and pop" laboratories. Over the past several years, established Mexican drug trafficking organizations operating in Mexico and Southern and Central California have seized control of the illicit methamphetamine trade. Mexican drug trafficking organizations have the ability to exploit an existing, well-established transportation and distribution network, on both sides of the border, and to illegally secure large amounts of precursor chemicals. Mexico based, poly-drug trafficking organizations have revolutionized the production of methamphetamine by operating large-scale laboratories in Mexico and California that are capable of producing unprecedented quantities of methamphetamine.

Almost all of the "super labs" operating in the United States are located in California. Although Mexican organizations operate only a small percentage of the total methamphetamine laboratories seized nationally, these "super labs" produce an estimated 85% of the methamphetamine distributed in the United States. These criminal organizations have saturated the western United States market with methamphetamine, established their distribution cells in other regions of the United States, and are

increasingly moving their methamphetamine to markets in the Midwestern and Eastern United States.

Another reason for the methamphetamine lab epidemic is the evolution of technology and the increased use of the Internet. With modern computer technology, and chemists willing to share their recipes, production information is now available to anyone with computer access. Aside from marijuana, methamphetamine is the only illegal drug abused by a noteworthy percentage of the population that an addict could produce himself or herself. A cocaine or heroin addict cannot make his own cocaine or heroin, but a methamphetamine addict only has to turn on their computer to find a recipe that details the chemicals and process needed. Many addicts have elected to produce the stimulant themselves.

The growing popularity of methamphetamine has led to an alarmingly high number of clandestine laboratory seizures across the country. The number of clandestine labs (all types of illegal drugs) seized nationwide by DEA has increased from 306 lab seizures in Calendar Year 1994 to 2,021 in 1999, a 569% increase. The statistics for 1999 also indicate that 97% of the clandestine laboratory seizures reported to the El Paso Intelligence Center in 1999 were methamphetamine and/or amphetamine labs. These labs are usually far smaller than the larger laboratories operated by the major methamphetamine trafficking organizations, but are equally as dangerous to law enforcement officers who encounter them.

In 1997, DEA reported 31 fires and 11 explosions associated with the 1,451 clandestine drug lab seizures in which DEA participated. In 1999, the National Clandestine Laboratory Database indicated that the number of reported incidents of fires increased to 64, explosions 101, and labs which had explosives and/or booby traps, 80. The National Database also revealed 877 incidents in which children were present during the seizure of a lab in 1999. The Drug Enforcement Administration and state and local police organizations also must deal with the dangerous and expensive hazardous waste cleanup problems created by clandestine labs.

During the last two years, the national methamphetamine situation has changed significantly. Until 1999, the methamphetamine problem was increasing at a dramatic rate. The national purity level for methamphetamine, as well as amphetamine, has gone down dramatically in 1999-2000. As previously stated, precursor chemical controls, the international "letter of non-objection" program, and chemical interdiction, combined with aggressive national and local law enforcement efforts, have produced positive results. The average purity of methamphetamine exhibits seized by DEA dropped from 71.9 percent in 1994 to 31.1 percent in 1999. The average purity of amphetamine exhibits seized by DEA dropped from 40.5 percent in 1994 to only 20.8 percent in 1999. Decreasing purity levels for methamphetamine and amphetamine should have some effect on the number of emergency room admissions and overdose deaths related to methamphetamine.

Methamphetamine prices vary considerably by region. Nationwide, prices range from \$3,500 to \$30,000 per pound at the distribution level. Retail prices range from \$500 to \$2,500 per ounce and \$25 to \$150 per gram. Arrests in DEA methamphetamine investigations increased in Fiscal Year (FY) 1999, to 8,680, a 10% percent increase from the 7,888 arrests in FY 1998, but a 41% increase over the 6,145 arrests in FY 1997, and a significant 113% increase over the 4,069 arrests in FY 1996.

#### **The Methamphetamine Situation in Georgia**

The majority of methamphetamine available for consumption in the Southeast area, and specifically in Georgia, originates in Mexico, California and Texas and is transported via couriers, (usually Mexican Nationals), by vehicles, commercial tractor-trailers, and commercial postal services. In the last few years, the number of methamphetamine investigations initiated by the DEA Atlanta Field Division increased from 78 in FY 96 to 185 in FY 2000. Increasingly, more violators have also been arrested. The number of methamphetamine offenders arrested increased from 307 in 1997 to 521 in FY 2000. In 1996, the DEA Atlanta Field Division seized a total of 54 pounds of methamphetamine. For the last three fiscal years, methamphetamine seizures have continued an upward trend. For fiscal year 1999, DEA Atlanta seized 469 pounds of methamphetamine. Seizures for FY 2000 are not final but show a slight decrease.

Methamphetamine clandestine laboratory seizures within the DEA's Atlanta Field Division have also increased significantly. Five years ago, DEA seized less than five methamphetamine laboratories in the Northern District of Georgia. In FY 99, a total of 24 laboratories were seized. To date, in the Northern District of Georgia a total of 44 laboratories have been seized in FY2000.

#### **Congressional Action (Methamphetamine):**

In the last several years, Congress enacted important legislation to help prevent chemical methamphetamine manufacture, to deter trafficking in methamphetamine and its precursor chemicals, and to encourage effective prevention, education, and treatment of methamphetamine abuse. The regulatory and enforcement framework for precursor control was established with the "Chemical Diversion and Trafficking Act of 1988" (Pub. Law 100-690). Twelve more chemicals were added to the regulatory scheme by amendments in the "Crime Control Act of 1990" (Pub. Law 101-647). The first bill specifically targeting the illicit production of methamphetamine (and the related drug methcathinone, which has virtually disappeared as a clandestine product) was the "Domestic Chemical Diversion Control Act of 1993" (Pub. Law 103-200). The 1993 amendment began to close the "legal drug exemption" that had allowed traffickers to avoid regulatory requirements by buying their chemicals through thousands of "legal" FDA-approved tablets. The bill brought over-the-counter, single-entity ephedrine products under DEA regulatory control, and permitted DEA to add other products by regulation. It also required registration of handlers of "list I" (formerly precursor) chemicals similar to those for controlled substances. In 1996, Congress enacted a major piece of methamphetamine-related legislation, the "Comprehensive Methamphetamine

Control Act of 1996" (Pub. Law 104-237), most of which became effective on October 3, 1996. The most recent enactment, the "Methamphetamine Penalty Enhancement Act of 1998" (Pub Law 105-277, div.), lowered certain quantity thresholds for mandatory minimum trafficking penalties.

The Congress has developed landmark methamphetamine legislation, The Methamphetamine Anti-Proliferation Act of 1999 [H.R. 2987 and S.486]. This legislation substantially contributes to national methamphetamine enforcement efforts by directing the Sentencing Commission to increase base level penalties for amphetamine so they are commensurate with those for methamphetamine, and setting higher sentencing thresholds for the manufacture of methamphetamine or amphetamine if it is determined that the criminal offense creates a substantial risk to human life or the environment, or if this risk is to a minor.

## **Part II:**

### **MDMA Nationwide:**

Primarily illicitly manufactured in and trafficked from Europe, 3,4-Methylenedioxymethamphetamine (MDMA), a Schedule I drug under the Controlled Substance Act (CSA) is the most popular of the club drugs. Its origins can be traced to Germany in 1912 where it was patented but never studied or marketed for human consumption. In the 1970's and early 1980's some health care professionals experimented with the drug in "introspective therapy" sessions, outside of FDA-approved research. DEA reporting indicates widespread abuse of this drug within virtually every city in the United States. Although it is primarily abused in urban settings, abuse of this substance also has been reported in rural communities. Although prices in the United States generally range from \$25 to \$40 per dosage unit, prices as high as \$50 per dosage unit have been reported in Miami.

The drug is a synthetic, psychoactive substance possessing stimulant and mild hallucinogenic properties. Known as the "hug drug" or "feel good" drug, it reduces inhibitions and produces feelings of empathy for others, the elimination of anxiety, and extreme relaxation. In addition to chemical stimulation, the drug reportedly suppresses the need to eat, drink or sleep. This enables club scene users to endure all-night and sometimes 2-3 day parties. MDMA is taken orally, usually in tablet form, and its effects last approximately 4-6 hours. Taken at raves, the drug may lead to severe dehydration and heat stroke, since it has the effect of "short-circuiting" the body's temperature signals to the brain. An MDMA overdose is characterized by rapid heartbeat, high blood pressure, faintness, muscle cramping, panic attacks, and in more severe cases, loss of consciousness or seizures. One of the side effects of the drug is jaw muscle tension and teeth grinding. As a consequence, MDMA users will often use pacifiers to help relieve the tension. The most critical, life-threatening response to MDMA is hyperthermia or excessive body heat. Recent reports of MDMA-related deaths were associated with core body temperatures ranging from 107 to 109 degrees Fahrenheit. Many rave clubs now



have cooling centers or cold showers designed to allow participants to lower their body temperatures.

The long-term effects of MDMA are still under evaluation; however, research by the National Institute of Mental Health in Bethesda, Maryland, in 1998 directly measured the effects of the drug on the human brain. The study revealed that the drug causes damage to the neurons (nerve cells) that utilize serotonin to communicate with other neurons in the brain, and that recreational MDMA users risk permanent brain damage that may manifest itself in depression, anxiety, memory loss, learning difficulties, and other neuropsychiatric disorders.

MDMA can produce stimulant effects such as an enhanced sense of pleasure, self-confidence and increased energy. Its hallucinogenic effects include feelings of peacefulness, acceptance, and empathy. Users claim they experience feelings of closeness with others and a desire to touch them. As such, because of the feelings attained by the MDMA user, there exists a misconception that these drugs are relatively safe. However, various researchers have shown that use of club drugs can cause serious health problems and, in some cases, death. Used in combination with alcohol, some of these club drugs can be even more dangerous. Furthermore, MDMA's long-term psychological effects can include confusion, depression, sleep problems, anxiety and paranoia.

The ecstasy drug market in the United States is supplied and controlled by Western European-based drug traffickers. In recent years, Israeli Organized Crime syndicates; some composed of Russian émigrés associated with Russian Organized Crime syndicates, have forged relationships with the Western European traffickers and gained control over a significant share of the European market. Moreover, the Israeli syndicates remain the primary source to the U.S. distribution groups. The increasing involvement of organized crime syndicates signifies the "professionalization" of the MDMA market. These organizations have proven to be capable of producing and smuggling significant quantities of MDMA from source countries in Europe to the United States. DEA reporting indicates their distribution networks are expanding from coast to coast, enabling a relatively few organizations to dominate MDMA markets nationwide.

MDMA is clandestinely manufactured in Western Europe, primarily in the Netherlands and Belgium. It is estimated that 90% of MDMA distributed worldwide is produced in these countries. MDMA production is a relatively sophisticated chemical process making it difficult for inexperienced individuals to produce MDMA successfully. However, there are several manufacturing processes for MDMA and a multitude of "recipes" that are posted on the Internet. Most of the MDMA laboratories are capable of producing 20-30 kilograms on a daily basis, although law enforcement authorities have seized some labs with the capability of producing 100 kilograms per day.

Most often, the MDMA is manufactured by Dutch chemists and transported and distributed by various factions of Israeli Organized Crime groups. These groups recruit and utilize Americans, Israeli and western European nationals as couriers. These couriers can smuggle anywhere from 10,000 to 20,000 tablets (2.5-5 kilograms) on their person

and up to 50,000 tablets (10 kilograms) in specially designed luggage. In addition to the use of couriers, these organizations use the parcel mail, DHL, UPS, and U.S. Postal Service. Due to the size of the MDMA tablet, concealment is much easier than other traditional drugs smuggled in kilogram-size packages (cocaine, heroin and marijuana).

What brings these Drug Trafficking Organizations together is the enormous profit realized in these ventures along with the fact that MDMA is not produced in the United States. Although estimates vary, the cost of producing an MDMA tablet can run between \$.50 - \$1.00. The wholesale, or first level price for MDMA tablets have ranged from \$1.00-\$2.00 per tablet, contingent on the volume purchased. This potential four-fold profit provides huge incentives for the laboratory owner or chemist. Furthermore, manufacturing laboratories can realize these profits without coming into contact with anyone except the first level transportation or distribution representatives. Once the MDMA reaches the United States, a domestic cell distributor will charge \$6-\$8 per tablet. The retailer then turns around and distributes it for \$25-\$40 per pill. Clearly, there is a tremendous profit realized in each function in MDMA trafficking from the producer or clandestine laboratory operator to the transporter to the wholesaler to the retailer, then on to the consumer.

#### **MDMA situation in Georgia:**

The MDMA situation in Georgia mirrors National trends. MDMA is very popular among, middle-class college age students who mistakenly perceive this "Designer Drug" to be harmless. In the Atlanta Metropolitan area, like in many other metropolitan cities throughout the U.S., MDMA is widely available in the "Nightclub" scene, (Dance Nightclubs, Adult Entertainment Clubs, Gay Clubs, etc), "Rave Parties", college campuses and Health Fitness Clubs.

Even though a few MDMA laboratories have been seized in the Atlanta Field Division, the bulk of MDMA pills available in the Atlanta Metropolitan area are manufactured in the Netherlands transported overland to other European cities and transshipped into this area via Canada and Mexico. The trafficking of MDMA in the Atlanta area appears to be controlled by local drug traffickers with connections to Russian/Israeli organized crime members.

Within the last few months, two major seizures of MDMA have been made in the Atlanta metropolitan area. One totaled 70,000 pills and the other 30,000 pills. In addition, approximately 27 kilograms of MDMA destined for distribution in Atlanta was also seized by DEA.

#### **Overview of Other "Club" Drugs: An Emerging Epidemic:**

The use of synthetic drugs has become a popular method of enhancing the club and rave experience. These rave functions, which are parties known for loud techno-music and dancing at underground locations, regularly host several thousand teenagers and young adults who use MDMA, LSD, GHB, alone or in various combinations. Users

of drugs such as MDMA report that the effects of the drug heighten the user's perceptions, especially the visual stimulation. Quite often, users of MDMA at clubs will dance with light sticks to increase their visual stimulation. Legal substances such as Vicks VapoRub are often used to enhance the effects of the drug.

"Club" drugs have become such an integral part of the rave circuit that there no longer appears to be an attempt to conceal their use. Rather, drugs are sold and used openly at these parties. Traditional and non-traditional sources continue to report the flagrant and open drug use at "raves." Intelligence indicates that it has also become commonplace for security at these parties to ignore drug use and sales on the premises. Tragically, many teens do not perceive these drugs as harmful or dangerous. These drugs are marketed to teens as "feel good" drugs. The following is a brief summary of other selected club drugs.

Gamma Hydroxybutyrate (GHB) is easily accessible at rave parties and is currently popular among teenagers and young adults alike. Commonly referred to as a date rape-drug, GHB was originally used as a substitute anabolic steroid for strength training. GHB has been used in the commission of sexual assaults because it renders the victim incapable of resisting, and may cause memory problems. GHB costs approximately \$10-\$20 per dose and is frequently mixed with alcohol. As of January 2000, DEA documented 60 GHB-related deaths nationwide. The drug is used predominantly by adolescents and young adults, often when they attend nightclubs and raves. GHB is often manufactured in homes with recipes and ingredients found and purchased on the Internet. As a result of the Hillary J. Farias and Samantha Reid Date-Rape Prohibition Act of 2000, GHB was designated a Schedule I drug under the CSA.

Gamma Butyrolactone (GBL), a List I chemical, is a precursor chemical for the manufacture of GHB. Several Internet sites offer kits that contain GBL, sodium hydroxide or potassium hydroxide and directions for the manufacture of GHB. This process is relatively simple and does not require complex laboratory equipment. Upon ingestion, GBL is synthesized by the body to produce GHB. As a consequence, some partygoers drink small quantities of GBL straight. GBL increases the effects of alcohol, and can cause respiratory distress, seizures, coma and death.

d-lysergic acid diethylamide (LSD), listed as a Schedule I drug under the CSA, first emerged as a popular drug of the psychedelic generation in the 1960's. Its popularity appeared to decline in the late 1970's; an effect attributed to a broader awareness of its hazardous effects. Over the past decade, there has been a resurgence of LSD abuse, especially among young adults. Adverse effects of LSD include panic, confusion, suspicion and anxiety. Liquid LSD has been seized in Visine bottles at rave functions. LSD is also sold at raves on very small perforated paper squares that are either blank or have a cartoon-figure design. Most users of LSD voluntarily decrease or stop using it over time, since it does not produce the same compulsive, drug-induced behavior of cocaine and heroin.

As of August 1999, Ketamine, also known as "Special K," was placed in Schedule III of the Controlled Substance Act. Used primarily by veterinarians as an anesthetic, Ketamine produces hallucinogenic effects similar to PCP with the visual effects of LSD. Ketamine is diverted in liquid form, dried and distributed as a powder. Prices average \$20 per dosage unit. Ketamine is snorted in the same manner as cocaine at 5-10 minute intervals until the desired effect is obtained.

**Legislative Efforts:**

Ecstasy, as well as all other club drugs, have been scheduled under the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Due to the exponential growth and abuse of Ecstasy over the past year and its devastating and potentially lethal effects, Congressman Christopher Cannon's methamphetamine bill, H.R. 2987 – The Methamphetamine Anti-proliferation Act of 1999, incorporates the major provisions of H.R. 4553, The Club Drug Anti-Proliferation Act, sponsored by Congresswoman Judy Biggert. H.R. 2987 calls for the United States Sentencing Commission to amend the federal sentencing guidelines to provide for increased penalties associated with the manufacture, distribution and use of Ecstasy. Those penalties would be comparable to the base offense levels for offenses involving any methamphetamine mixture. The bill would also direct that the guidelines provide that offenses involving GHB or GBL and those involving a significant quantity of Schedule I and II depressants, including GHB and its analogues, are subject to greater terms of imprisonment than currently in place. Further, the bill calls for \$5.0 million in funding to the public health service for school and community-based abuse and addiction prevention programs aimed at Ecstasy, PMA and related club drugs.

Another bill relating to club drug abuse, the Hillory J. Farias and Samantha Reid Date-Rape Prevention Drug Act of 1999, (Public Law 106-172), was signed by the President on February 18, 2000. This legislation directed DEA to place GHB (gamma hydroxybutyric acid) in Schedule I (the DEA has since done so) and placed the precursor chemical GBL on chemical List I.

Furthermore, Public Law 106-172 contains a statutory obligation that requires DEA to establish a special unit to assess the abuse of and trafficking in GHB, flunitrazepam, ketamine and other controlled substances (club or designer drugs) whose use has been associated with sexual assaults. In addition, the Attorney General was directed to develop a protocol for the collection of evidence and the taking of victim statements in connection with violations of the CSA – which results in or contributes to sexual assault, crimes of violence or other crimes involving the abuse of GHB and the other designer drugs. DEA and the FBI are also obligated to develop model training materials for law enforcement personnel involved in such investigations, and make such protocols and training materials available to Federal, state, and local personnel responsible for such investigations.

**Enforcement Initiatives:**

- **Operation "Flashback":**

In an effort to target organizations and individuals that distribute and manufacture "club drugs," DEA established Operation "Flashback" in July 1997. On July 2, 1998, MDMA was approved for inclusion under this Special Enforcement Program. Since February 1998, active investigations have increased from 6 to 140, indicative of the increased availability, and demand for, and law enforcement emphasis on, club drugs. Operation "Flashback" seeks to achieve the following five primary objectives:

- Develop prosecutable cases against individuals and organizations that manufacture and distribute so-called club drugs.
- Develop intelligence links between domestic wholesale distributors and the foreign source of supply.
- Identify, arrest, and prosecute violators at a high level of distribution, including the clandestine lab operators.
- Establish and coordinate an overall strategy for all domestic and foreign investigative efforts.
- Identify the command and control infrastructures of organizations that are distributing so-called club drugs.

Furthermore, this Special Enforcement Program provides a mechanism to enforcement components in the field to fund undercover buys, confidential source payments, installation of pen registers and activation of Title III wiretaps. In addition, it acts as a central depository for any and all information related to club drugs. This database contains information on targets, organizations, arrests, seizures, modes of smuggling, types of drugs and the logos/brand names they bear.

Presently, DEA has several ongoing investigations into these trafficking organizations. DEA's Special Operations Division conducted one particular investigation of note. The Special Operations Division is a joint national coordinating and support entity comprised of agents, analysts and prosecutors from DOJ, the USCS, the FBI and DEA. This investigation, entitled Operation Rave, focused on an MDMA distribution cell that operated throughout the northeast and Florida. The leader of this organization, an Israeli national, was responsible for the distribution of approximately 150,000 tablets of MDMA per week. This and related spin-off investigations resulted in the arrest of 105 defendants, the seizure of 620,000 tablets of MDMA and approximately \$935,000 in U.S. currency. The significance of this investigation was the fact that it identified, for the first time, the involvement of Israeli and Russian crime groups in MDMA trafficking.

Drug trafficking organizations control their operations through sophisticated networks of production, distribution, money laundering, and security cells. Prosecuting the drug kingpins who command and control these organizations requires law enforcement to find some way to get inside their sophisticated structures to obtain evidence of their crimes. Often the only feasible means of infiltrating these structures is

through the use of electronic surveillance; primarily court approved pen registers and trap, trace devices, and wiretaps. To effectively deploy these methods of court approved surveillance, and to stay one step ahead of the traffickers, law enforcement must be able to move on the basis of available information as expeditiously as possible.

Pen registers and trap and trace devices are used in the early stages of investigations to develop enough information to obtain a warrant for a wiretap. Trained investigators can use pen registers to establish a calling pattern, including information that the suspect telephone has been used in calls with telephones of other known traffickers. Without such tools law enforcement will be unable to penetrate the drug trafficking organizations and will be unable to obtain the evidence needed to apprehend and prosecute these kingpins for their crimes.

**Demand Reduction Initiatives:**

The increasing power and diversity of drug trafficking organizations operating throughout the United States and abroad demands an equally authoritative and creative response. These drug trafficking organizations seek to entrench criminal enterprise in modern society; they attempt to lure the youth of this country into the dark world of drug abuse and crime on a daily basis. As such, DEA is committed to developing and employing multi-faceted strategies to combat both drug trafficking and drug abuse. With this in mind, DEA's Demand Reduction program was created in 1986 in response to the widespread belief that both law enforcement and drug prevention were necessary components of a comprehensive attack against the drug problem in the United States. Given the age of the targeted user population of MDMA, DEA has created a very aggressive and comprehensive plan to bring this issue to the attention of the American public. It should be noted that DEA's Operations Division organized a club drug conference in July 2000 in the Washington, D.C. area. Participants included law enforcement personnel from around the world, leading researchers, clinicians, prevention specialists, educators, and medical professionals who discussed the alarming resurgence in the use of MDMA and other club drugs. This conference created a heightened awareness of these professionals and stimulated much needed communication between law enforcement, education and prevention concerning this subject.

**Conclusion:**

Increasing methamphetamine production and abuse poses a unique challenge for drug enforcement, both in Georgia and throughout the nation. Clandestine laboratories represent a substantial health and safety threat to communities. The flammable, explosive, toxic, and carcinogenic chemicals used in the manufacturing process pose an immediate and long-term threat to law enforcement, fire department, and emergency services personnel, as well as the general public. Fires and explosions are a constant threat in this type of environment. Moreover, the threat to the environment is substantial, due to the illegal and unsafe disposal methods of clandestine methamphetamine operators.

MDMA abuse, although a relatively new phenomenon has certainly taken parts of this country by storm. The magnitude of the current MDMA problem cannot be understated. The media coverage alone is indicative of the impact this drug has had on the United States. One only has to review the dramatic increase in seizures over the past twenty-four months to recognize the insidious upsurge of this drug

In conclusion, DEA will continue to utilize a multi-faceted approach employing both prevention and enforcement strategies in targeting MDMA and methamphetamine trafficking and abuse. In this regard, DEA is working in conjunction with law enforcement officials throughout Europe and Israel in an effort to identify, target, dismantle and prosecute those organizations responsible for the proliferation of MDMA throughout the U.S. and Europe. Furthermore, DEA endorsed and implemented elements of the National Methamphetamine Strategy that focuses on international drug trafficking groups, independent domestic methamphetamine operations, and rogue chemical companies that are responsible for the smuggling, production, and distribution of methamphetamine in the United States. Providing assistance and training to state and local law enforcement efforts, such as those in Georgia, is vital to DEA's methamphetamine strategy.

I thank you for providing me the opportunity to address the Committee and I look forward to taking any questions you may have on this important issue.

Mr. GATTISON. I would like to thank the committee for this opportunity to testify here today regarding the law enforcement activities of the U.S. Customs Service as they relate to the smuggling of methamphetamine and date rape or club drugs.

As America's front line, the Customs Service is uniquely positioned at the borders to identify, intercept and investigate the importation of large quantities of dangerous drugs which are smuggled into the United States through our ports of entry. We often act as the early warning system in identifying new drug trends or methods of operation employed by violators who attempt to smuggle drugs into the United States. The Customs Service has experienced a dramatic increase in our seizures, investigations and related arrests that focus on date rape or club drugs of all kinds. But specifically the synthetic drug commonly known as Ecstasy.

The abuse of Ecstasy has spread throughout the United States at an unprecedented level and can be primarily attributed to two key factors. Its enormous profit and marketing techniques used by criminal organizations who manufacture, smuggle and distribute it. From a smuggler's standpoint, Ecstasy is one of the most lucrative drugs in the world. Tablets cost just pennies apiece to produce in Europe. They can be sold on the streets of America for as much as \$40 a tablet. For an initial investment of just \$100,000, an Ecstasy smuggler can reap nearly \$5 million in profit. The 9 million tablets that U.S. Customs has seized thus far in fiscal year 2000 are worth, at \$30 per pill, approximately \$270 million.

The profitability to import Ecstasy is enhanced because of its insidious marketing techniques that smugglers and distributors employ to lure teens into using these drugs. In our status conscious society, tablets are designed with brand names and logos, such as the Mitsubishi logo, the Rolex symbol, the Adidas emblem, the Nike trademark, just to name a few.

To distinguish one's competitor's product from another, the logos are specifically selected to appeal to the young and affluent Ecstasy users. Nicknames for the club drugs, such as Ecstasy for MDMA, Grievous Bodily Harm for GHB, Special-K for Ketamine, and roofies for Rohypnol have an allure which make them attractive to young adults. These seemingly benign trademarks and enticing nicknames make it difficult for the user to associate the actual danger that the use of this hard drug can cause.

During fiscal 1999, U.S. Customs seized 3 million tablets of Ecstasy, more than seven times the 400,000 tablets that we seized in 1997. This upward surge continues in fiscal year 2000. We have already seized approximately 9 million tablets during the first 8 months of this year. This represents approximately a 22 percent increase from 1997.

Furthermore, during fiscal year to date, we have arrested over 280 individuals involved in Ecstasy smuggling relating to seizures at our ports of entry. In addition to Ecstasy, in fiscal year 2000, Customs has seized over 800 pounds of methamphetamine. This represents more than an 800 percent increase over fiscal year 1999.

The vast majority of Ecstasy is produced in the Netherlands. The Netherlands is to Ecstasy as Colombia is to cocaine. Smugglers export primarily from Amsterdam or across the uncontrolled borders to neighboring European Union states, other international hubs,



such as Brussels, Frankfurt, Dusseldorf, Paris or London. In the Caribbean, the Dominican Republic has recently become a staging area for Ecstasy destined for the United States from the Netherlands. Investigations and seizures activity by the Customs Service has identified three primary gateway areas where Ecstasy is smuggled into the United States. These are New York, California and Florida.

There is no coincidence that these areas have emerged as focal points for Ecstasy smuggling. They are all transportation centers with strong European ties. They all have large concentration of young adults that are the primary target of consumers of Ecstasy, and they are headquarters for criminal organizations that smuggle Ecstasy. These groups use couriers from all walks of life to thwart Customs. We have arrested teenagers, bankruptcy attorneys and members of the clergy who have attempted to evade Customs inspection. Couriers have concealed Ecstasy in luggage, body cavities, and have even ingested tablets wrapped in condoms.

There has been a dramatic rise in passenger air traffic through Atlanta Hartsfield International Airport over the past few years, placing Atlanta No. 1 in the world for passenger traffic. With this overall increase in the total number of air travelers transiting into and through Hartsfield International Airport, Atlanta has been an equally dramatic rise in the number of international passengers arriving into Atlanta from abroad.

Let me present some statistics that should illustrate just how real the threat of Ecstasy smuggling in the United States through Atlanta has become. In fiscal 1997, there were no recorded Ecstasy seizures made by inspectors at Atlanta's Hartsfield International Airport. In fiscal 1998, inspectors made four separate seizures of Ecstasy totaling approximately 33,600 individual tablets.

Fiscal 1999 and fiscal 2000 seizures statistics really illustrate just how popular this drug has become here in the United States. Inspectors made three seizures, Ecstasy seizures, in fiscal 1999 resulting in five arrests and the confiscation of over 85,800 tablets of Ecstasy. Although the total weight of Ecstasy seizures slightly decreased in fiscal 2000, the number of separate seizures and arrests for smuggling Ecstasy more than doubled. In fiscal year 2000 thus far, the Customs Service in Atlanta is responsible for seven separate Ecstasy seizures resulting in the arrest of nine individuals and the confiscation of approximately 57,420 tablets, valued at over \$1.1 million.

I brought several exhibits with me today to illustrate the concealment methods used to smuggle Ecstasy into the United States. Several of these exhibits were seized right here at Atlanta's Hartsfield International Airport. If I could pause for just 1 second, that is the Mitsubishi symbol there. All of these seizures took place at Atlanta's Hartsfield International Airport.

The second chart shows the concealment methods. The bottom left-hand corner being the use of the new x-ray machine that Customs now utilizes at some of the airports, and we do have one here at Atlanta's Hartsfield International Airport.

Mr. BARR. What are we seeing there, in that one?

Mr. GATTISON. That is not an internal, sir.

Mr. BARR. It is taped to their body?

Mr. GATTISON. It is taped to their body. Yes, sir.

Until recently, commercial air passengers presented the highest risk for Ecstasy smuggling. However, in a recent series of large seizures at the express mail hubs in Memphis, as well as a large number of smaller seizures at the express consignments and international mail facilities suggest that these may be the current method of choice for smuggling organizations.

Our seizures of Ecstasy and the followup investigations have identified numerous criminal drug smuggling organizations that are heavily involved in this highly profitable activity. Investigations have disclosed that the Israeli organized crime is heavily involved. And in addition to Israeli organized crime, there is intelligence that Mexican and Colombian traffickers are getting involved. The involvement of organized smuggling organizations require us to use the most sophisticated and often effective tools available to monitor the activities of these syndicates. This often includes wire taps, cell phone locators and dialed number reporters, so forth and so on. These tools are critically important in our effort to combat Ecstasy smuggling.

In order to coordinate and focus on investigations and enhance the flow of intelligence to our inspectors on the front lines, we have created an Ecstasy task force at Customs Headquarters in Washington. The task force is comprised of Customs inspectors, special agents, intelligence analysts that work full time on Ecstasy investigations. The mission of the task force to manage the national and international investigative activities of multi-jurisdictional cases, maximize the level of case exploitation and support and enhance day-to-day inspectional operations relative to Ecstasy smuggling.

We routinely coordinate with DEA and our foreign law enforcement counterparts. In addition, intelligence and seizure information on drug smuggling is exchanged on a weekly basis via INTERPOL. In an effort to better deal with this emerging threat, Commissioner Kelly has also created a Web site to get the awareness message out to the public.

Ecstasy has emerged as a very popular drug of abuse threatening our Nation's youth. Non-traditional organized crime primarily controls the Ecstasy manufacturing process in the Netherlands region and the smuggling of this drug into and across our Nation's borders.

I would like to thank the committee for the opportunity to testify here today and for your continuing support to our important mission. I am confident that working together, the people sitting at this table can have an impact against Ecstasy smuggling. Thank you.

[The prepared statement of Mr. Gattison follows:]

**Statement of Robert Gattison  
Special Agent in Charge, Atlanta  
Before the House  
Committee on Government Reform  
Subcommittee on Criminal Justice, Drug Policy and  
Human Resources  
Atlanta, Georgia  
September 18, 2000**

**Introduction**

Good Morning Mr. Chairman, and other distinguished members of the Committee. I would like to thank the Committee for this opportunity to testify here today regarding the law enforcement activities of the U.S. Customs Service as they relate to the smuggling of methamphetamine and date rape or "club" drugs.

As America's Frontline, the Customs Service is uniquely positioned at the borders to identify, intercept and investigate the importation of large quantities of dangerous drugs which are smuggled into the U.S. through our ports of entry. We often act as the "early warning system" in identifying new drug trends or methods of operation employed by violators who attempt to smuggle drugs into the U.S. The Customs Service has experienced a dramatic increase in our seizures, investigations and related arrests that focus on date rape or club drugs of all kinds, but specifically the synthetic drug commonly known as "Ecstasy."

The abuse of Ecstasy has spread throughout the U.S. at an unprecedented level and can primarily be attributed to two key factors, its enormous profit and marketing techniques used by the criminal organizations who manufacture, smuggle and distribute it.

From a smuggler's standpoint, Ecstasy is one of the most lucrative drugs in the world. Tablets cost just pennies apiece to produce in Europe. They can

be sold on the streets of America for as much as \$40 a tablet. For an initial investment of just \$100,000, an Ecstasy smuggler can reap nearly \$5 million in profit. The 9 million tablets that U.S. Customs has seized thus far in Fiscal Year 2000 are worth (at \$30 per pill) approximately \$270 million dollars.

The profit potential for Ecstasy is enhanced because of the insidious marketing techniques that smugglers and distributors employ to lure teens into using this drug. In our status conscious society, tablets are designed with brand names and logos, such as the Mitsubishi logo, the Rolex symbol, an Adidas emblem, the Nike trademark, to name just a few. To distinguish one's competitor's product from another, the logos are specifically selected to appeal to the young and affluent Ecstasy users. Nicknames for club drugs, such as Ecstasy for MDMA; Grievous Bodily Harm for GHB; Special K for Ketamine; and Roofies for Rohypnol, have an allure which make them attractive to young adults. These seemingly benign trademarks and enticing nicknames make it difficult for the user to associate the actual danger that the use of this hard drug can cause.

#### **Smuggling Trends**

During Fiscal Year 1999, U.S. Customs seized 3 million tablets of Ecstasy, more than seven times the 400,000 tablets that we seized in 1997. This upward surge continues in Fiscal Year 2000, where we have already seized approximately 9 million tablets during the first eight months of the year. This

represents a 2200 percent increase from 1997. Furthermore, during fiscal year to date, we have arrested over 280 individuals involved in ecstasy smuggling, relating to seizures at our ports of entry. In addition to Ecstasy, in Fiscal Year 2000, Customs has seized over 8000 pounds of methamphetamines. This represents more than an 800% increase over fiscal year 1999.

The vast majority of Ecstasy is produced in the Netherlands. The Netherlands is to Ecstasy as Colombia is to cocaine. Smugglers export primarily from Amsterdam, or across the uncontrolled borders to neighboring European Union states or other international hubs such as Brussels, Frankfurt, Dusseldorf, Paris or London.

In the Caribbean, the Dominican Republic and Curacao have recently become staging areas for Ecstasy destined for the U.S. from the Netherlands. Investigations and seizure activity by the Customs Service have identified three primary "gateway" areas where Ecstasy is smuggled into the United States: these are; New York, California and Florida. There is no coincidence that these areas have emerged as focal points for Ecstasy smuggling organizations. They are all transportation centers with strong European ties, they all have large concentrations of young adults that are the primary targeted consumers of Ecstasy, and they are headquarters for the criminal organizations that smuggle Ecstasy.

These groups use couriers from all walks of life to thwart Customs. We have arrested teenagers, bankruptcy attorneys, and members of the clergy who were attempting to evade Customs inspection. Couriers have concealed Ecstasy in luggage, body cavities, and have even ingested tablets wrapped in condoms.

There has been a dramatic rise in passenger air travel through Atlanta Hartsfield International Airport over the past few years, placing Atlanta number one in the world passenger traffic. Within this overall increase in the total number of air travelers transiting into and through Atlanta has come an equally dramatic rise in the number of international passengers arriving into Atlanta from abroad.

Let me present some statistics that should illustrate just how real the threat of Ecstasy smuggling into the U.S., through Atlanta, has become. In FY1997 there were no recorded Ecstasy seizures made by Inspectors at Atlanta Hartsfield International Airport. In FY1998, Inspectors made four separate seizures of Ecstasy, totaling approximately 33,660 individual tablets. FY1999 and FY2000 seizure statistics really illustrate just how popular this drug has become here in the U.S. Inspectors made three Ecstasy seizures in FY1999 resulting in five arrests and the confiscation of over 85,800 tablets Ecstasy. Although the total weight of Ecstasy seizures slightly decreased in FY2000, the number of separate seizures and arrests for smuggling Ecstasy more than doubled. In FY2000 thus far, the Customs Service in Atlanta is responsible for

seven separate Ecstasy seizures resulting in the arrests of nine individuals and the confiscation of approximately 57,420 tablets valued at over \$1.1 million.

I have brought several exhibits with me today that illustrate the concealment methods used to smuggle Ecstasy into the United States. Several of these exhibits were seized right here at Hartsfield International Airport.

Until recently, commercial air passengers presented the highest risk for Ecstasy smuggling. However, a recent series of large seizures at the express mail hub in Memphis, as well as a large number of smaller seizures, at express consignment and international mail facilities suggest that these may be the current method of choice for smuggling organizations.

Our seizures of Ecstasy and follow-up investigations have identified numerous criminal drug smuggling organizations that are heavily involved in this highly profitable activity. Investigations have disclosed that the Israeli Organized Crime is heavily involved.

In addition to Israeli organized crime, there is intelligence that Mexican and Colombian traffickers are getting involved. The involvement of organized smuggling organizations require us to use the most sophisticated and often effective tools available to monitor the activities of these syndicates. This often includes wiretaps, cell phone locators and dialed number recorders, etc. Any



reduction in the current legal authority use these tools would likely have a serious impact on our ability to combat Ecstasy smuggling.

#### **Customs Efforts to Combat Ecstasy Smuggling**

In order to coordinate and focus our investigations and enhance the flow of intelligence to our Inspectors on the Frontlines, we have created an Ecstasy Task Force at Customs Headquarters in Washington. The task force is comprised of Customs Inspectors, Special Agents and Intelligence Analysts that work full time on Ecstasy investigations. The mission of the Task Force is to manage the national and international investigative activities of multi-jurisdictional cases, maximize the level of case exploitation and support and enhance day-to-day inspectional operations relative to ecstasy smuggling. We routinely coordinate with DEA and our foreign law enforcement counterparts. In addition, intelligence and seizure information on drug smuggling is exchanged on a weekly basis via INTERPOL.

In an effort to better deal with this emerging threat, Commissioner Kelly has also created a web-site to get the "awareness message" out to the public.

#### **Conclusion**

Ecstasy has emerged as a very popular drug of abuse threatening our nation's youth. Non-traditional organized crime primarily controls the Ecstasy manufacturing process in the Netherlands region and the smuggling of this drug into and across our nations borders.

I would like to thank the Committee for the opportunity to testify here today and for your continuing support to our important mission. I am confident that working together, the people sitting at this table can have an impact against Ecstasy smuggling organizations.

That concludes my remarks. I am prepared to answer any questions you might have for me.

Mr. MICA. Thank you, Mr. Gattison.

Let me first call Mr. Paul Howard who is the District Attorney for Fulton County. You had several recommendations you wanted to make to the subcommittee. I would like to recognize you at this time.

Mr. HOWARD. There are four things that I think the committee ought to consider. First of all, I think that there should be some definitive report which covers this area of unreporting, as it relates specifically to date rape drugs. The normal figure that we look at, as prosecutors, with sexual assaults, is probably about one-third of the victims who failed to report. Many of the experts believe that what we are talking about is probably as many as 80 percent of the victims of date rape drugs who do not report the findings, or do not report the criminal offense.

I mentioned that we held a short seminar with college leaders. And one of the things that they reported is that they saw an increase in the number of young people that committed suicide, who were depressed, who for some sudden reason became academically uninvolved, and many of them thought that it had directly to do with the use of date rape drugs.

So I think that there really needs to be more work done to find out exactly how many people are not reporting it, and also to bring to the public's attention the great harm that is caused by the use of the drugs, as we have heard from Mr. Harman.

My second recommendation is that we would really step up the elimination of some of the sources of these drugs. And through the Customs agency and through the DEA, I think that there ought to be special divisions or units which concentrate on just these date rape drugs. I think we ought to eliminate any representation vested in this country that these date rape drugs are somehow legitimate, either as used by veterinarians or use for body builders. I now believe, and I am not sure about this, but as of 1999 as I understand it, GHB was not even on the Federal controlled drug list. And I think that, if it is not, then it should be. As Rohypnol, it should be a banned drug by Federal law. It is banned, I believe, in about 21 States, and it should be done also under the Federal Controlled Substances Act.

The third thing that I am recommending is that there ought to be a great increase in the funding for education. I believe that every State ought to have some protocol that specifically deals with date rape drugs and how they ought to be handled, not only by the medical authorities, but by the law enforcement authorities, and the hospitals as well. I think that we have got to increase the general knowledge to the public, particularly as it involves young people, and as it involves young people who use and participate in night club and bar activities. I think what we have got to do now is increase the information among the judiciary, among prosecutors and among law enforcement.

The last thing, in terms of the funding for education, I think that we also ought to look at providing some kind of treatment or counseling for victims, victims like Mr. Harman's daughter who spent several years in a comatose state. I think that there ought to be special kinds of treatment and counseling for those folks.

Now the last thing, and the question was asked regarding whether or not we need an increased penalty or Federal penalty for the defendants in date rape cases. Well, I believe that, probably as a prosecutor, our main problem involves proof, and it involves the use of consent, when our victims in many cases do not remember exactly what has happened. And I think the Congress and the Federal Government might be very important and influential in working with local authorities to shape State laws to make sure that they recognize this special circumstance. Because if you do not recognize this special circumstance of a victim who does not remember what has happened, then it is possible to eliminate the possibility that the defendant would ever be prosecuted.

Now I think there was some discussion about mandatory sentences. I think that we ought to retain mandatory sentences for these crimes. Now one of the things, and one of the realities is, as many of the speakers have pointed out, this is a middle-class drug in many respects. And I think that if some of the laws on the books right now were enforced, I think we might see some difference. And I as a prosecutor would like to not see the focus on the dangers of these drugs lessened by removing them from some structured sentence or mandatory category.

Thank you.

Mr. MICA. Thank you for those comments.

I wanted to go back to a question of source of what we are seeing come into this area and the United States, and you testified, Mr. Saliba, that the source of meth is predominantly Mexican organized crime, is that correct, still, or are you seeing local lab as the production source?

Mr. SALIBA. We are seeing both, and I speak predominantly for the areas of the northern suburbs. My counterparts in the other counties, along with myself, have had discussions about this. But I do not think that the local labs that we have found, what is not—obviously we do not know how extensive that is. DEA has done a good job of finding those, we do not know how many more are out there. They are very active in that area. However the amounts of methamphetamine that we are seeing, even at lower quality, are not consistent with the small-type labs that are being found right now in the jurisdictions that we serve. Now whether those are coming in from the super labs out in the western United States, or straight in from Mexico, we do not know. Our sources indicate that most of what is distributed, and our arrest statistics are being distributed by Mexican organized crime, when it gets up into the large amounts.

Now once it gets into our counties, it is being distributed out through the normal drug trafficking networks, it is cut down, percentages are cut down, it is distributed among dealers put on the street. But our larger arrests have all been of folks predominantly previously criminally deported aliens, predominantly folks that we know have organized crime ties within those organizations. And that appears to us to be the source of the methamphetamine that we are seeing.

Now as I said, the actual place of manufacture, we do not know. We only know who is distributing it.

Mr. MICA. Since this is coming across the borders, a great deal of it, across State borders at least we know, do you feel we have adequate Federal resources, is there adequate cooperative efforts, or is there some deficit that Congress is not addressing as far as providing resources, funding, laws, to deal with the problem that you have at hand?

Mr. SALIBA. I think there is a twofold problem. As I said, in the area of Atlanta, we have excellent cooperation, with Customs, Drug Enforcement Administration, with every Federal law enforcement agency. Our task force has been up and running since 1980, and since approximately that time, we have had an agent assigned to one of the task force groups at the Drug Enforcement Administration.

I do not think, personally, that there are adequate resources for any law enforcement agency, be it State or Federal, to handle what is going on. The amount of profit that can be made off methamphetamine and the other synthetic drugs is enormous. They can afford lots of things that we cannot. They can afford to lose a lot of their product to law enforcement and a lot of it still makes it to the street. I think every agency is doing what they can, but I think funding, particularly for the Federal agencies, as well as through the States to their agencies, would be of enormous assistance.

I think the other place where there should be a lot of help, and I will echo the sentiments of Mr. Howard here, there are a lot of places wherein we take jurisdiction over cases that are made jointly with Federal agents because we have stricter sentencing. There are a lot of areas, predominantly MDMA, where the Federal guidelines have stricter sentencing.

I think there should be conformity brought between the Federal Government, and I think the Federal Government should talk to the State governments. You should not be allowed, depending on who arrests you, or depending on which agency infiltrates your organization, to have a lesser penalty and to take your chances that way. I think the disparity, and I think the criminals know the disparity, they know who is investigating them and they know what kind of jail time they are actually doing.

The last thing I think that my boss, Pat Head, has done that I think is extremely important is, we no longer, in Cobb County, do sentences of illegal aliens involved in drugs that are suspendable upon deportation. We insist that they serve their sentence in State custody before they are remanded to the custody of the Immigration Service to be removed from this country. I think for a long time, State agencies, as well as Federal agencies, have asked that these people, for reasons of economy of scale, be removed from the country. But they come right back. They know they are going to do a year or two in jail, and that is the cost of doing business.

With State guidelines being what they are in trafficking, they are now doing a minimum in Georgia of 10 years in jail, without possibility of parole. And I think that, in and of itself, might put some of these folks out of business, or at least take a generation of drug dealers at a time off the street, as we try to adapt to the problem.

I think also education is very important, and I think we are educating our children way too late. I think when you talk about tar-

getting ad campaign at high school students, I think that is too late. They may be the ones using the drugs, but they know when they are in middle school what the upper-class students are doing. They know what is socially acceptable. They know what will be accepted and what will not. And I think we need to, just as we have with all the other drugs in this country, we should target those ad campaigns at elementary and middle school children.

Mr. MICA. Thank you.

Let me move to Mr. Gattison, with the U.S. Customs Service. We know that with Ecstasy, we are getting an incredible volume coming out of the Netherlands. Can you share with the subcommittee the status of reopening the Customs Office in the Netherlands? Are you aware of what is going on there?

Mr. GATTISON. Well, I am aware that the office was closed a few years ago. I know we are looking into opening new offices around the world.

Mr. MICA. Can you provide us with specific information, including the Director's intention of reopening the Netherlands operation, and to what degree, and what he needs to get that done?

Mr. GATTISON. I have no information specifically.

Mr. MICA. Can you provide that to this subcommittee?

Mr. GATTISON. Yes, I can.

Mr. MICA. We think it is very important. We visited during the recess with the Dutch officials, and we have a big gap there. And it is a huge transportation hub. They have also been handicapped by having previously passed some liberalized narcotics legislation, which they have now altered, but they are suffering some of the consequences from it. And it is certain from your testimony that continues to be the major production source of Ecstasy coming into the United States. That is what you testified, is it not?

Mr. GATTISON. That is correct.

Mr. MICA. And you are seeing that stuff come in through Hartford, and across the State lines here?

Mr. GATTISON. Southwest border of the United States, up into the Atlanta area. There has been one particular investigation that we can tie back to the Mexican border.

Mr. MICA. What about suggestions of having some more concentrated effort to deal with Ecstasy or certain drugs that we see in surges? Of course, meth, and we have the problem of precursor chemicals and other things coming in for meth production here, but also meth coming across the border, Mexican organized crime involved in this. Is it wise for Customs to have a targeted effort for these new waves of large quantity illegal narcotics, or continue sort of with the plan that you now have?

Mr. GATTISON. Yes, it is. But we do that internally. When we identify a trend or something to that effect, we locally reorganize the office and put agents or assign agents full time to work in that specific area. So yes, it is wise. But we do it internally within the agency.

But also the task force in Washington is there to coordinate and focus us on investigations nationwide and international.

Mr. MICA. We still remain concerned. We know that 80, 90 percent of the Ecstasy is coming out of the Netherlands. You have identified Dutch and Israeli and other large operators here, and I

know you have had some seizures. It sounds like we do not have our plan entirely together to tackle this, if we do not have a concentrated effort in the Netherlands, which is the source of production. So if you would provide the subcommittee with a detailed outline of how you are going to approach this there, we would appreciate it, for the record.

Mr. Andrejko, you testified about some of the DEA enforcement efforts, and I think you also testified about the difficulty in dealing with the GHB problem?

Mr. ANDREJKO. Yes.

Mr. MICA. How do we deal with this new designer drug and how can we most effectively deal with enforcement? And I think you heard the difficulty the local District Attorney had in trying to prosecute cases where the evidence literally and the means for committing the crime renders the victim unable to testify or to be a witness under the current criteria. How do we deal with this from a drug enforcement standpoint?

Mr. ANDREJKO. To address the initial part of your question—

Mr. MICA. And you did compliment us on the legislation before. Does this adequately address the concerns that you have heard raised here today?

Mr. ANDREJKO. The pending legislation certainly is very supportive. GHB was put under the Controlled Substances Act back in February of the year 2000, it was made a Schedule 2 drug. And as a result of the concerns of the Congress and of the Attorney General, DEA was tasked with trying to put together some type of an enforcement mechanism to report what is going on with regard to the use and abuse of GHB in the United States.

And what we did in our operations division in Washington, DC, was put together a team of law enforcement officials, both from the office of operations agents, intelligence analysts, diversion investigators, working very closely with State and local offices to try and identify those individuals who have been manufacturing and distributing GHB and other club drugs throughout the United States.

That information is being reviewed, it is being shared with the Attorney General. I believe she is going to be reporting back to your committee and to other elements in Congress the result of what those initial findings have been.

With regard to what we can do in law enforcement to try develop evidence to bring to a courtroom to have the victim and the episode that the person underwent result in a conviction, it is very difficult to try to answer that question from my perspective.

Mr. MICA. I think Mr. Howard brought up an interesting aspect of the problem that we face in these prosecutions. I do not think that the law, as I have seen drafted, deals with that. It is a very unique aspect of dealing with a problem that has surfaced. Almost the drug is eliminating the witness's memory or ability to testify, and I do not know of any legislation that we have or anything that has been proposed that deals with something like that. It may be something we want to pursue and see if there is something that could be included, and I think we may have a shot at passing that legislation before the Congress recesses. But if you have any suggestions, we would certainly welcome them, by Mr. Howard and

Mr. Saliba, maybe you could look at that. And we would be most willing to explore some tightening of the law.

Mr. ANDREJKO. Increasing penalties for those who are convicted of trafficking in club drugs would certainly help. It would certainly send the right message. Perhaps looking at some of the threshold amounts that are set by the prosecution offices in the United States could be an advantageous element to law enforcement, to try to go ahead and maybe lower the amounts which would allow them prosecution on the Federal level.

We have been very successful, for example, in targeting traffickers who have been the violent drug traffickers throughout the United States, throughout our local enforcement program, our met team program. And when we have been able to go ahead and use the Federal laws to target those individuals on the convictions, we have looked at the statistics that deal with, for example, violence and drug use in those communities prior to a meth deployment, and then after the meth deployment. And we have seen that those numbers, overall throughout the United States, have decreased.

I think you all are aware of the fact, I am sure you are aware of the fact that, in many communities, the individuals who are the violent criminals, those individuals that commit the most violent criminal acts. If you could target those individuals, identify them, arrest them and put them in jail, there seems to be a decrease then in the resulting amount of violence in the area.

If we could use the same type of logic perhaps with regard to club drug manufacturers and distributors, perhaps we could have a positive impact on what is going on in this country and other areas of the world today.

Mr. MICA. Thank you. Let me yield now to Mr. Barr, if I may.

Mr. BARR. Thank you, Mr. Chairman. I would like to thank our four panel members here, and it reminds me once again why I appreciate your holding these field hearings outside of Washington, DC. We have four gentlemen here who work very hard at actually solving the problems in our community, and they are not so much concerned about what the Washington Post might say about them, or the policy spin of people in Washington. They are concerned with results and their work speaks for themselves. And I appreciate very much them being here with us today to relate some of the specific experiences that they have had on the front lines.

One of those, Mr. Howard, that I remember from the news, and I was intrigued by your brief description of the Iverson case. In that case, was there any evidence that the victims, the two women victims, had ingested the drugs for the purposes of being raped?

Mr. HOWARD. No.

Mr. BARR. Is this—and I know, as you have relayed in this, I remember in the retrial, the defendants were acquitted, and you also indicated here that the judge seemed to have some sort of feeling that the victims were as much to blame for what happened as the defendants. Do you see this in other type of drug cases, where you have a perpetrator and a victim, and the victim takes the mind-altering drugs, yet then becomes a victim to acts to which they obviously did not consent, or is this a phenomena that you are seeing with regard to date rape drugs?



Mr. HOWARD. It is mainly something that is focused upon date rape drugs. And unfortunately, it still relates back to the misconception about rape itself, that many people unfortunately still think that part of the blame lies with the victim and not with the defendant. So you can easily see how, in a case involving a date rape drug, where in this case, where these two young ladies ingested it, simply they thought for recreational reasons, to get a mild high. The feeling of the judge was that it was the victim's fault. And that causes—it has caused us a lot of problems, because that incident took place in 1998. We tried it in 1999.

Even though the police in Atlanta reported a number, and I believe over 200 incidents involving these drugs, we have had only 5 cases reported at the rape crisis center at Grady. And I think that it has had the chilling effect of saying to the victims that, if you come to court, then you might be seen as the person who was at fault.

Mr. BARR. I think you were here for the previous panel, at least part of their testimony. And one of the witnesses spoke about different types of rape kits that can be used and many of which are in common usage in this country and which do not provide the means to readily identify some of these date rape drugs.

Are there kits that are available, are they in common usage or are they cost prohibitive at this point, or for some other reason not in common usage?

Mr. HOWARD. There are kits available and they do cost more. And in fact, even with something as mundane as a urinalysis examination to test for the methamphetamines, there is an additional cost, a cost that is higher than testing for cocaine and marijuana. So there is an additional cost that many—since the rape kits are generally paid for by law enforcement agencies, many of them have not updated those rape kits to include the test for date rape drugs.

But here again, we have got two other factors that are working. One is the fact that the drug will get out of your system within about 12 hours. And so that is why I think that it is important that the protocols be put together which include the medical community so that they will realize that we need to test and retrieve this kind of evidence right away. The other factor that we still are involved with is the under-reporting or the lack of reporting or even reporting on a timely basis, because even if you report the incidents and it is after that time period, there is no way that we can test to find out whether or not the drug is in your system.

Mr. BARR. Given the fact that we know there is under-reporting and it is not really a new phenomenon, can a case such as the Iverson case do tremendous damage in your effort to try and get people to report these cases more?

Mr. HOWARD. I think it does. I think particularly when you take this case in that we actually had an eye-witness, the security person from Georgia State, who came in, who responded to the 911 call, actually witnessed the sexual assault. And I think it does have a chilling effect and I think it has had one in our community, when women see this and believe that there is really no reason for me to report it.

You know, that is why I think that it is important that the education extend not only to the general public and young people, but

it also should extend to our judiciary, to prosecutors and to law enforcement as well.

Mr. BARR. Speaking of that, have there been any efforts made at the State level to take a look at both funding for some of these issues such as the better date rape kits, the rape kits, or to look at some of the problems that you have identified today with regard to prosecution of some of these cases? Is there anything pending at the State general assembly or at the Governor's office?

Mr. HOWARD. I think right now there is a move—and I think Ms. Flowers mentioned that there is a proposal that I am aware of—where they are asking for a separate facility from Grady Hospital, one that would be operated by nurses as opposed to within the hospital complex, that is focused simply on the care of women and their reporting. Now that is going on.

I am not aware of any effort in the State that is afoot to change the proof problems that prosecutors run into. The only other effort is also something that Ms. Flowers mentioned, is the effort to reduce the sentence for the crime of rape.

As you are aware, right now in the State of Georgia, there is simply one crime and that is the crime of rape and the sentence is from zero to 20 years and a mandatory minimum of 10 years. There has been some effort made and an effort made last year to actually include the crime of aggravated assault with intent to rape, which many people believe will generate some new sentences.

But those are the only things that I am aware of that are taking place.

Mr. BARR. I forget which one, Mr. Andrejko or Mr. Gattison, mentioned the Methamphetamine Anti-Proliferation Act that we have passed out of Judiciary Committee, I do not think that it has come up, has it, Mr. Chairman, on the floor of the House yet?

Mr. MICA. I believe that is correct.

Mr. BARR. We hope to get that through. If we cannot, we will work on it again next year, but we are trying to deal with some of this at the national level as well.

I forget which one of you mentioned this, or maybe more than one of you, the problem with the accessibility or availability of these drugs through the Internet. Is this a problem that is manifesting itself in alarming proportions with young people being—having access to the Internet and getting these drugs?

Mr. GATTISON. Yes, I think it is a problem because they can shop online and they can order stuff overseas online and come in through mail facilities right to their homes without ever leaving their library or study or wherever they have their computers.

Also there is advertisement for these drugs on the Internet where individuals can go again and advertise and shop and buy.

Mr. BARR. What are they identified as? Do they use some of these benign sounding terms that we have heard about?

Mr. GATTISON. That is correct.

Mr. BARR. I mean they do not advertise them as date rape drugs, or do they?

Mr. GATTISON. No, they advertise them with the slang name roofies, things of that nature. I know you are aware of our smuggling center in Washington that pretty much surfs the net looking for all types of international crime and they have identified several

sites out there on the Web where they are selling primarily Ecstasy.

Mr. BARR. Are current laws sufficient to address this problem when you see a concerted effort to sell these drugs over the Internet or are there changes that would need to be made to Federal law to address that specific problem. And I know it is difficult, given first amendment concerns, but are these cases being prosecuted, do you know?

Mr. GATTISON. Well, I think they are, I think as best they can be prosecuted. We are working with the Web site owners in giving us information and identifying those individuals involved in that and then we are also going and doing some undercover work on the Internet, attempting to purchase quantities and identifying people overseas and in the United States that are involved in that, and hopefully getting them prosecuted for smuggling charges and other Title 21 violations.

I think, John, you may want to address that a little bit as well.

Mr. ANDREJKO. A problem that we are seeing on the Internet is really dealing with the manufacturing process with methamphetamine. It is very, very easy to manufacture methamphetamine and what you find on the Internet are how-to formulas, if you will. If we were trying to—if I tried, for example, to convert the coca paste into the coca paste—I mean the coca leaf into the coca paste into the base into the hydrochloride, or if you got the opium poppy and tried to manufacture that into the morphine and refine it into heroin, it is a very difficult process that I could not do, none of us probably in this room could do because it requires a tremendous amount of chemical knowledge on an individual's part. But with regard to methamphetamine, anyone can make it very, very easily. You do not need a college education for it, you do not need a degree in chemistry. You can be an elementary school dropout and it is a very easy process to follow. It can be made in the back of a hotel room, in the back of a truck, in a garage or someone's house. So we are seeing more and more information on how to make, for example, how to manufacture methamphetamine on the Internet.

And the lab locations where we have responded, including here in the State of Georgia, we have had printouts from the Internet on how to go ahead and manufacture this stuff. That documentation was seized at the lab site itself.

Mr. HOWARD. Congressman Barr.

Mr. BARR. Yes, sir?

Mr. HOWARD. I just want to mention to you that probably most prosecutors are using a manual provided by the American Prosecutors Research Institute that talks specifically about Rohypnol and the other GHB and the other date rape drugs. And I think they issued this in 1998 and at the time that they issued it, what the prosecutors complained about is the issuance of these drugs through the mail. And I guess it shows how much times have changed, because they mention just in passing that the recipes are on the Internet, as Mr. Andrejko says, but now you can find them all over the Internet, recipes to put together these drugs.

One of the things that I think is particularly interesting is that in I believe about 70 foreign countries, the drug Rohypnol is in fact legal and so it is legal—it is used as a sedative and as a sleeping

pill, and so it is legal for them to produce it in those countries. And I think, it seems to me, that one of the areas that Congress might look at is whether or not American drug manufacturers are manufacturing these drugs in foreign countries that are later on being shipped back to this country and used as date rape drugs.

Mr. BARR. That is a problem that we had some testimony on a couple of years ago. It is a very serious problem.

Mr. Andrejko, does DEA have a special unit to address the problem of date rape drugs?

Mr. ANDREJKO. We have a special unit in our headquarters building set up to go ahead and coordinate what is going on throughout our domestic divisions in the United States, to report back then to that unit that will compile the data and then bring that data to the attention of the Attorney General, who my understanding is supposed to share that information with the Congress.

There is a special operation called Flashback, which is the name of the program that goes ahead and tracks that information, that will go ahead and assess that information, give directions out to the DEA divisions to go ahead and work closely with the State and local agencies to try to learn from them what is actually happening on the State and local level to try to identify those individuals or trafficking groups who perhaps are manufacturing and distributing the date rape drugs, try to design an enforcement program to go ahead and address those issues, but at the same time relate back to the Attorney General, to the DEA Administrator, what it is we are seeing in the United States. That is an ongoing process that began sometime around June-July, the summer months, of this year. And it is a program that we are waiting to see what the final results will be, but I believe it was mandated for the Attorney General to go ahead and do that and DEA was given the focal point for that type of reporting element.

Mr. BARR. There are two programs, one which I am very familiar with because it was operational while I was the U.S. Attorney, and that is the OCDETF program, the Organized Crime Drug Enforcement Task Forces. There is another one, the HIDTA or High Intensity Drug Trafficking Area program.

Do these two programs coordinate with each other and is the HIDTA program the most effective way, in your view, to address the problem of intensive drug trafficking in certain areas?

Mr. ANDREJKO. In my opinion, they are complementary programs. When you have a HIDTA in operation in an area, for example, like Atlanta and targets are identified and then prosecutions take place, the prosecutions that occur are brought through the OCDETF program, so one complements the other, so to speak. Two different types of funding mechanisms, however. And what you have is the HIDTA program looking at some of the trafficking groups dealing with limited areas within a particular city. You may have the OCDETF program trying to encompass a much larger aspect of what the drug problem is. And I mention that in passing because the HIDTA program in Atlanta focuses just on two counties, Fulton County and DeKalb County. So by design, this particular HIDTA program has to deal with law enforcement issues in those two counties. The OCDETF program, however, encompasses all of the different districts throughout the State and can go into

more jurisdictional investigations as well very freely without some of the restraints that sometimes you see in a HIDTA, depending on what its mission and goal is.

Mr. BARR. Mr. Macklin with our committee staff, just a little bit ago handed me an article here that just came in talking about Ecstasy use in the armed forces. I know we do not have anybody here from DOD but Mr. Gattison and Mr. Andrejko, is this a problem that you are seeing or are you more aware of the increasing problem of date rape drugs in our armed forces?

Mr. ANDREJKO. I do not have any information with regard to that aspect. However, we could get in touch with our headquarters intelligence division, ask them to research that and provide you with a response.

Mr. BARR. Thank you, I would appreciate that if we could, Mr. Chairman. That is an angle that apparently is becoming more of a problem as well.

On the earlier panel we spent some amount of time talking about the national message, for example, through the OCDETF advertising program and we have held some hearings, the chairman has held some hearings in Washington focusing on that. But we heard that it would be very helpful, from some of the other witnesses, to try and do a better job of targeting for educational purposes the advertising for date rape drugs, methamphetamine, more locally. Particularly from the standpoint of our local prosecutors, Mr. Saliba and Mr. Howard, would this be of benefit and do you have any particular suggestions as to how we might better get those funds to you so that you can use them better to address specific problems on which the public needs to be educated in your communities?

Mr. SALIBA. I believe it needs to be done. I will let Mr. Howard address the funding. He is obviously in his position much more involved in that than I am in mine. But to give the committee an example, I have a 16-year-old niece and a 12-year-old nephew who I have the privilege and sometimes duty of chaperoning to different events. Last weekend—she is from a small town in Alabama, about 50,000 folks—I took her and a group of her friends to a concert down in Atlanta. And during that concert, I had a chance to talk to them and take them out to dinner. They all understand and have been raised properly that they should not do drugs, but the questions they were asking, based on my position, was things like is Ecstasy really that bad. You know, we know about cocaine, we know about marijuana, methamphetamine though is not the same thing, is it, although it has the exact same chemical effect. And I think that shows the deficiency that over the years has developed, in that what necessarily by the time funding is completed, the ad campaigns are completed, a generic “do not do drugs” I do not think tells them what they need to know. I think that money should come down through whatever process to the States to do what one of the prior panelists suggested, find out what is needed in each area.

In the area I prosecute in, we have done a good job of educating people of the dangers of cocaine; there are a lot of our youth that do not understand that Ecstasy really is a drug and it really is harmful. And I think it goes beyond any given drug, it goes to a year-to-year trend, what is popular at that time, what is available.

And I think that that is an area where the States are uniquely qualified to determine that need and to handle that type of program and I think that it definitely needs to be done and it needs to be moved down more to a local level to affect more of our young people. Those are the folks who grow older, who grow into the drug business, if they are already using drugs. And I think the earlier we start and the more directed that message is, the better we are.

Mr. BARR. Thank you. Mr. Howard.

Mr. HOWARD. I agree. I believe that it is critical because what you get the feeling is that what you are fighting is popular culture. And what goes on in our music and entertainment industries, there is a message that these drugs are OK, where some drugs might be seen as illegal—crack cocaine. And I think we need to change that message and one of the things that I pointed out is showing people the deadly harm that results from the use of what they believe is simply a recreational drug that is used to create a mild high.

I think that what ought to happen, the sources, the grants that are already being made available to the States, I just think that the amounts ought to be increased and there ought to be some specifically designated items just for this purpose. And I think that they ought to be made available to prosecutors, but it is also a good idea to make them available to agencies like the Georgia Task Force on Sexual Assaults, so that they will work in conjunction with prosecutors to get out the right messages.

Mr. BARR. Just in conclusion, Mr. Chairman, Mr. Andrejko, Mr. Gattison, do you agree with that and are there some specific things that you can suggest to us from the Federal standpoint that we could be doing to help you in that cooperative effort in trying to sort of customize and localize that message particularly because of the misinformation and misimpression that is out there about this very dangerous category of drugs?

Mr. ANDREJKO. I think there is. I think more emphasis and resources have to be devoted to that area. Back in the latter part of July and the early part of August, the DEA recognized that there was a major problem, really not only in the United States but throughout the world with regard to Ecstasy and dangerous drugs and club drugs and all. We convened a panel of experts from the world, if you will, the international community in Washington, DC. Over 300 people attended, people from all facets of both State, Federal and local level and the international community.

One of the panelists had made a presentation with regard to something that Mr. Howard referred to a little bit, and that was when they went onto the Internet and you go into the information bases there, there were so many positive things talked about, referred to, shown as examples, with regard to the designer drugs and there was nothing on the Internet for example to counteract that. And the only program I think that was trying to do that was the program out of ONDCP. They were trying to put together a series of commercial and other information to go into the Internet starting some time in the fall. So there is a tremendous amount of money that had to be generated to do something with regard to commercials worldwide or even just domestically in the United States.

I know Dr. Alan Leshner with the NIDA program also was trying to, on a case-by-case basis as he had gone ahead and uncovered statistics and studies and results of the debilitating effects of these drugs on the human body, tried to get it onto the Internet and start to put as much of that information out there for generally used purposes, so to speak. But there is not enough in my opinion, also, with regard to that area with demand reduction and with drug education and so forth. And whatever we could do to bring it down to the local level would be very beneficial in my opinion as well.

Mr. GARRISON. To follow up on that, I mentioned earlier about the Commissioner's Web site, the Commissioner has initiated his Web site where he is trying to address that same issue with parents, getting the message out to the public that it is a harmful drug. We also have the task force again that feeds information to the Commissioner and also to people to place that on the Web site.

And again, the chairman's question earlier about resources for specific types of violations, you know, you can only do so much with what you have and when you have a trend or you have a problem like we have here at Atlanta's Hartsfield, you take what you have and you focus it in on those particular problems, and then you do the best you can. But of course, if we had additional resources, we could come up with specific groups to target, specific problems like Ecstasy in this area.

Mr. BARR. You referred there to the problem at Hartsfield, just for the record, I think there has been a lot of information and perhaps misinformation about it, the bottom left picture there of the x ray. It is my understanding that that device is used only with the consent of the person, is that correct?

Mr. GATTISON. That is correct.

Mr. BARR. So it is not that everybody that goes through Hartsfield has these x rays. There has to be probable cause, an articulable suspicion and so forth to request the person and they have to consent to it.

Mr. GATTISON. Right. They have a choice. If there is reasonable suspicion that a violation is occurring, the inspector gives the passenger the option whether to be personally searched by an individual inspector or go through the x-ray machine and it has to be concurred by the supervisory inspector on duty at the time.

Mr. BARR. Thank you. Just one final question. We have heard some testimony with regard to the Mexican angle to the methamphetamine trafficking in particular. Mr. Saliba and Mr. Howard, is that problem, from an immigration standpoint, being adequately addressed? Are you getting the support that you need when you find folks in your communities that are prosecuted or that need to be prosecuted and that are here in this country illegally, such as in this case from Mexico. Do you get the cooperation and the Federal resources that you need from an immigration standpoint to assist you?

Mr. HOWARD. Well, I can just say that we have had probably the greatest amount of cooperation from the FBI. Usually what happens with us is that we have a defendant who flees from our jurisdiction to escape prosecution. And we have had on many occasions to call upon the FBI to assist us in trying to locate them. With the

Immigration Service, the problem in Atlanta has been one of so many people and so few resources. And I am sure you are familiar with the claim that if you call the office, the telephone will just ring. But the problem, as we have seen it, is just that there have been so many people.

So as my colleague has mentioned, what has been the policy for many years in our State was to just send them back. We have seen this on many occasions, the same people that are returned to countries, in the next year they are right back causing the very same problems. And it is compounded by the fact that our prison system is so overcrowded. So people are taking whatever avenues are available to get defendants taken care of in some other means.

But I think that most of our problems with immigration probably have to do, in my experience, with just the large numbers of people that we all have to deal with.

Mr. SALIBA. I concur that they are—for years, we have had an Immigration agent stationed one or the other of the pretrial detention facilities in Cobb County, and they do what they can, but there are so many folks that are arrested that have to have detainers put on them, so many that go through the system and either plead guilty or are convicted, that they cannot possibly, with the resources they have, handle every case as well as they would like to. They are very cooperative, but I think the old saying is undermanned and over-worked. But as an agency, they have been very good to our local law enforcement folks when they could.

Mr. BARR. Thank you. Thank you, Mr. Chairman, and I would like to again thank the panel members.

Mr. MICA. Well, first of all, I want to thank Representative Barr again for inviting us into his community to examine the problem of illegal narcotics and in particular today the methamphetamine and date rape drug situation.

I also want to thank the representatives of the two Federal agencies who appeared as witnesses—the U.S. Customs Service and Drug Enforcement Administration. We have a responsibility as an oversight and investigation subcommittee to make certain that our Federal agencies' programs, operations, funding are adequate and also effective.

And I do want to particularly thank the two representatives of the District Attorney Offices here today, the local offices, for your insight. It is important that the programs that we oversee mesh and work effectively with local and State programs and also, as Mr. Barr said, all the best ideas do not emanate from Washington, DC, so we need your cooperation, your recommendations and we appreciate again you coming forward today to provide us with your input.

And to the other panelists who were with us earlier, we also appreciate their testimony.

As I said earlier, and under a unanimous consent request from Mr. Barr, the record will remain open for this subcommittee for additional testimony, comments, statements through the Chair for a period of 2 weeks and those additions will be provided to the permanent record.

Also, I would like to ask Mr. Gattison to please provide the subcommittee with information particularly on the re-establishment of



the Customs operations, which are very important to the subcommittee.

Mr. Barr, there being no further business to come before this Subcommittee on Criminal Justice, Drug Policy, and Human Resources, I declare this meeting adjourned.

[Whereupon, at 12:25 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]



**U. S. Department of Justice**  
Drug Enforcement Administration

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Washington, D.C. 20537

SEP 29 2000

Honorable John Mica, Chairman  
House Committee on Government Reform  
Subcommittee on Criminal Justice, Drug  
Policy and Human Resources

On September 18, 2000, Atlanta Division, Special Agent in Charge John Andrejko provided testimony in Atlanta, Georgia at a field hearing held by your committee. During the hearing, Representative Bob Barr raised two questions concerning substances that are referred to as "designer drugs." The following is a response to the questions that were raised by Representative Barr.

(1) Has there been any effort by the branches of the armed services to identify the extent of use of ecstasy by armed forces personnel?

U.S. Army Colonel Richard Majauskas, the military liaison officer to the DEA, reports that the Department of Defense (DoD) recognizes the growing threat of MDMA, which is commonly referred to as Ecstasy. As was indicated in the newspaper article "DoD Attacks Ecstasy Drug Use in Armed Forces", the number of personnel identified as using ecstasy within DoD is low. All branches of the Armed Forces experienced an increase in MDMA incidents during Fiscal Year 1999 and DoD is watching the trend.

The criminal investigative commands, of each of the Services have indicated that there have been increases over the past few years, in the number of cases of service members involved in the use or sale of MDMA. The Services reported that criminal investigative efforts targeting MDMA have increased and will continue to expand in response to this growing threat to military readiness. DoD monitors drug abuse trends in the civilian sector and recent increases in the use of Ecstasy does concern the Services. With the introduction next year of new testing procedures for designer drugs, DoD should be able to better quantify the magnitude of the problem. DEA will provide DoD criminal investigation units with appropriate investigative intelligence and available medical research reporting, to assist the Services in addressing the Ecstasy threat.

(2) What is the current status of the GHB Task Force, which was mandated by Congress?

In April of this year, in compliance with the Hillary J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000, DEA established a special unit to assess the abuse of and trafficking in GBH, flunitrazepam, ketamine, MDMA and other so called "designer drugs", whose use has been associated with sexual assault. This special unit is housed in DEA's headquarters and functions under the direction of the Chief of Domestic Operations. This unit established a Special Enforcement Program (SEP), referred to as Operation Flashback, which was developed to provide dedicated funding and coordination resources to enforcement elements in the field.

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To assess the levels of abuse and trafficking in designer drugs, the unit collects available drug intelligence from law enforcement agencies at the federal, state and local levels. The unit conducts an review of significant cases and compiles statistics on operational accomplishments, drug seizures, asset seizures and arrests. Personnel assigned to the unit also review published scientific literature, including forensic data, on the prevalence of drugs used in sexual assaults.

Since the threat posed by these substances is directly related to their availability in the illicit market, the data collected on abuse and trafficking will provide a regional and national portrait. The accomplishments of the Operation Flashback and the special unit have proven to be valuable resource utilized by the Chief of Domestic Operations when considering the allocation of investigative resources.

I hope that the above supplied information addressess the concerns of your committee. If I can be of further assistance, please feel free to contact me at (202) 307-7423.

Sincerely,



Toni P. Teresi  
Chief, Congressional Affairs