

**FIGHTING METH IN AMERICA'S HEARTLAND:
ASSESSING FEDERAL, STATE, AND LOCAL EFFORTS**

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON
GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

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FIGHTING METH IN AMERICA'S HEARTLAND: ASSESSING FEDERAL, STATE, AND LOCAL EFFORTS

MONDAY, JUNE 27, 2005

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
St. Paul, MN.

The subcommittee met, pursuant to notice, at 8 a.m., in the Moot Court Room, Hamline University School of Law, 1536 Hewitt Avenue MS D2011, St. Paul, MN, Hon. Mark Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Gutknecht, Kennedy, and McCollum.

Staff present: Malia Holst, clerk; and Nick Coleman, counsel.

Mr. GUTKNECHT. The subcommittee will come to order. The chairman is en route, and as some of you found out with this rainstorm, it is harder to get here than you may have thought.

This represents something like the 25th hearing of this subcommittee on the issue of drugs in America, and we are delighted to be here in St. Paul today. And I'm also delighted to be joined by two of my colleagues from Minnesota to have this hearing entitled, "Fighting Meth in America's Heartland: Assessing State, Federal and Local Efforts," and I think we've assembled a very interesting panel, and we will—obviously, this is an official hearing, everything will be transcribed and will part of the official hearing.

I would start with my own opening statement just real briefly, first of all saying good morning and thank you to all of you for coming today.

Because of its ease of production and the availability of the ingredients, especially in farming communities, meth is a very serious drug here in the Heartland of America.

Today we have some really amazing witnesses, including State Senator Judy Rosen, Mower County Sheriff Terese Amazi, Martin County Sheriff Brad Gerhardt, and they're going to be talking a little bit about the problems that they face every day in dealing with this drug.

Word travels fast in rural America. People look out for each other. What has amazed me has been the ease of making and selling this drug, even in very, very small towns, and we'd like to learn a little more about that because, generally speaking, in small towns people know their neighbors, they look out for their neigh-

bors and they have a pretty good idea what's going on in their towns.

Again, just briefly, I'd like to congratulate the subcommittee and Chairman Souder for coming. Hopefully, he'll be here soon, and I would recognize, first of all, I think in the order of seniority, plus, I think we're in her district, the Congresswoman from South St. Paul or St. Paul, which?

Ms. MCCOLLUM. St. Paul always works, St. Paul, West St. Paul.

Mr. GUTKNECHT. Thank you for hosting us here.

Ms. MCCOLLUM. Thank you, Mr. Chairman, and it is good to be here at Hamline University, which just finished celebrating its 150th anniversary. So this university is committed to giving back to the community and provide a wonderful place to learn.

I first became aware of methamphetamine first like all of us from media reports, talking to my local law enforcement both as a city council person, it was still referred to as crank kind of back then a little bit, and I didn't even get the connection as to what all the different names methamphetamine had taken over the years until it really hit home when I had a constituent call and she was talking about methamphetamines. She was talking about methamphetamine production in a house she had just purchased where she was going to do day-care, and so we had to work through to get it cleaned up, to get her business going, and then I learned that methamphetamine goes by all the different names it's always gone by, but bottom line is it's a poison on her society.

I'm going to have some testimony submitted for the record, Mr. Chairman, from Dakota and Washington Counties as well, and they have, along with other local units of government, focused on the challenge that we face with meth being produced here at home. But what I do know is we need to do something about it. In a Government Reform hearing that I attended with Mr. Souder, I was chairing, when I asked him to come to Minnesota back over a year ago, we came to learn that even if we do everything we can do to close local labs, it's not enough. The meth epidemic that's poisoning Minnesota and our country is primarily being produced in Mexican super labs, trafficked by Mexican gangs crossing our country from Mexico.

So banning Sudafed and eliminating every lab in Minnesota is a correct step to take, my constituents fully support that, but they also know that we need to do something about the gangs that threaten our national security, and of course, order that if methamphetamine is coming through, who knows what opportunity Al-Qaida might work behind.

So I look forward to this hearing, Mr. Chair. Thank you.

Mr. GUTKNECHT. Thank you, Betty, and let me just get rid of a couple of procedural matters before we start.

First of all, I ask unanimous consent that all Members present may be permitted to participate in this hearing. Without objection, so ordered.

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

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

I now recognize the gentleman from the 6th Congressional District, Congressman Kennedy.

Mr. KENNEDY. Thank you, Congressman Gutknecht. I thank Congresswoman McCollum for having us in her district here today, and I'm very pleased that the chairman, who we expect to be here soon, has decided to hold this hearing here.

This is a very, very important issue, and, you know, if you look at the evolution of meth, it used to be that it was just out in the western States and the southern States and we figured it wasn't an issue up here in the Midwest, and then it was in the Midwest, but it was in the rural areas and we didn't think it was an issue in the metro areas, but it is not just tearing apart our rural communities. It has now really spread throughout the State, and there is county after county that tell us that 90 percent plus of the people that they're holding in their jails are in some way related to meth.

This is coming to us most vividly in meth labs in our States. We need to shut those down. We're in the process of doing that. We need to do more. We need to clean them up once we get them shut down, but as Congresswoman McCollum says, it's also an issue where it's produced in bulk and traded around the world, and we need to not just go after that but after the precursors as well and address them head on.

You know, if you look at some of the things we need to do, it's an education in our schools' effort, it's an education for patients that are trying to get off it and get them off of this addiction. Many of them it started at a very young age, you know, for something maybe as silly as weight loss, but then they get addicted, too many of them get hooked into prostitution just to pay for it. There's just heart-wrenching stories of those kids that grew up in a meth lab that we need to reach out and help from a healthcare perspective. We also need to make sure our law enforcement has the resources they need.

All these things we've been trying to address, a number of efforts that we focused on in Congress recently, here's the funding for Byrne Grants, funding for Meth Hot Spots. We, frankly, although Chairman Souder and I and others have pushed hard to increase that funding, we maybe haven't had the success we wanted. So having testimony like this so that we can more vividly bring those stories back and the need back is something that's very important and compelling.

I would also say that my CLEAN-UP Act, H.R. 13, also addresses many of the things we've talked about. I think higher penalties when we find those that are bringing it across the border, when we find those that are pushing this poison on our children, we need to make sure that they get a penalty that is reflective of the seriousness of the crime and deters them from doing it in the future.

So there are few things more important for us than to keep this scourge away from our communities. I thank all the witnesses for being here, I look forward to your testimony, and I thank the chair-

man, who has now arrived, to respond to our request to come here to Minnesota.

Mr. GUTKNECHT. I now recognize the chairman of the subcommittee, a gentleman who I came into Congress with in 1994, as I mentioned, who has probably worked harder than any other single Member of the U.S. House of Representatives on the issue of the scourge of drugs, particularly in rural parts of America, Mark Souder.

Mr. SOUDER. Thank you. I had a flight through Chicago last night which was a big mistake.

I want to thank you all for coming and thank each of the Members here for having requested this hearing and for all the people on the front lines of the meth war.

This hearing continues our subcommittee's work on the growing problem of methamphetamine trafficking and abuse—a problem that has ravaged communities across the entire country. I'd like to thank my three co-hosts, Congressman Gutknecht, Congressman Kennedy and Congresswoman McCollum for inviting me to the Twin Cities for this hearing.

They've each approached me at different times on the House floor and asked me to do this. I think the first time was Congresswoman McCollum even last year and Congressman Kennedy had also raised it last year, and Congressman Gutknecht and I got elected together and have been working together on this issue for a number of years. Each of them has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I'm looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

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

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

At each hearing, then, we try to get a picture of the state of meth trafficking abuse in the local area. Then we ask three questions. First, where does the meth in the area come from, and how do we reduce its supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the Federal Government partner with State and local agencies to deal with this problem?

The meth abuse situation in Minnesota, as elsewhere, is deeply troubling. According to a study by the Hazelden Foundation last

year, meth-related deaths, emergency room episodes, and law enforcement seizures of meth labs, all increased steadily from 2000 to 2003. Emergency rooms in the Twin Cities saw the number of meth-related incidents more than double between 1995 and 2002. What used to be almost an exclusively rural problem in the State has now taken hold in the suburbs and urban areas.

The next question, that of meth supply, divides into two separate issues, because this drug comes from two major sources. The most significant source in terms of the amount produced comes from the so-called “super labs,” which until recently were mainly located in California, but now are increasingly located in northern Mexico. By the end of the 1990’s, these super labs produced over 70 percent of the Nation’s supply of meth, and today it is believed that 90 percent or more comes from Mexican super labs. The super labs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called “mom-and-pop” or “clan”, clandestine labs, have proliferated throughout the country, often in rural areas. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create in the form of toxic chemical pollution and chemical fires make them a serious problem for local communities, particularly the State and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs and have frequently suffered from severe health problems as a result of hazardous chemicals used.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many States have passed various forms of retail sales restrictions on pseudoephedrine products, like cold medicines. Some States limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Retail sales restrictions could have a major impact on the number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will either require better control in the amount of pseudoephedrine going into Mexico—which appears to be on the rise—or better control of drug smuggling on our Southwest border, or both. The Federal Government, in particular the Departments of Justice, State, and Homeland Security, will have to take the lead if we are to get results.

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

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

The final question we need to address is how the Federal Government can best partner with State and local agencies to deal with meth and its consequences. Currently, the Federal Government does provide a number of grants and other assistance programs to State and local agencies—in addition to the programs I mentioned earlier, the Byrne Grants and COPS Meth Hot Spots programs help fund anti-meth enforcement task forces; the DEA and other agencies assist State and local agencies with meth lab cleanup costs; and the Safe and Drug-Free Schools program and the National Youth Anti-Drug Media Campaign helps schools and other organizations provide anti-meth education.

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

The House and Senate are currently considering a number of different proposed bills concerning meth, and I am hopeful that we will be able to take strong, effective action before the end of this year. I recently introduced H.R. 1446, which would authorize new regulations of precursor chemicals and provide assistance to State, Federal and local law enforcement. My colleague, Mr. Kennedy, has also introduced H.R. 13, the CLEAN-UP Meth Act, which among other things provides funds to help States and localities find and clean up meth labs, including expanding assistance to the Community Oriented Policing Services, COPS grant program.

We have an excellent group of witnesses today who will help us make sense of these complicated issues. On our first panel, we are joined by Mr. Timothy Ogden, Associate Special Agent in Charge of DEA's Chicago Field Division; Minnesota State Senator Julie Rosen, who has been a strong leader in the fight against meth here in Minnesota; Sheriff Terese Amazi of Mower County and Sheriff Brad Gerhardt of Martin County; Lieutenant Todd Hoffman of the Wright County Sheriff's Office; and Ms. Susan Gaertner, the Ramsey County attorney.

On our second panel, we are pleased to be joined by Commissioner Michael Campion of the Minnesota Department of Public Safety; Mr. Bob Bushman, a special senior agent at the Minnesota Bureau of Criminal Apprehension, and president of both the Minnesota State Association of Narcotic Investigators, and the Minnesota Police and Peace Officers' Association; Mr. Dennis Miller, drug court coordinator for the Hennepin County Department of Community Corrections; Ms. Kirsten Lindbloom, coordinator of the Mower County Chemical Health Coalition; and Mr. Buzz Anderson, president of the Minnesota Retailers Association. We thank everyone for taking the time to join us today, and look forward to your testimony.

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

**Opening Statement
Chairman Mark Souder**

**“Fighting Methamphetamine in America’s Heartland: Assessing
Federal, State, and Local Efforts”**

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

June 27, 2005

Good morning, and thank you all for coming. This hearing continues our Subcommittee’s work on the growing problem of methamphetamine trafficking and abuse – a problem that has ravaged communities across the entire country. I’d like to thank my three co-hosts, Representative Gil Gutknecht, Representative Mark Kennedy, and Representative Betty McCollum, for inviting me to the Twin Cities for this hearing. Each of them has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I’m looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

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rooms in the Twin Cities saw the number of meth-related incidents more than double between 1995 and 2002. What used to be an almost exclusively rural problem in this state has now taken hold in the suburbs and urban areas.¹

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However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico – which appears to be on the rise² – or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

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¹ See *Methamphetamine Takes Hold in Metro Area Among New, Younger Users*, June 10, 2004, www.hazelden.org; *ER visits show upward trend in meth use*, Minnesota Public Radio website, June 14, 2004

² See *The Mexican Connection*, Steve Suo, *The Oregonian*, June 5, 2005

one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

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We have an excellent group of witnesses today, who will help us make sense of these complicated issues. On our first panel, we are joined by Mr. Timothy Ogden, Associate Special Agent in Charge of the DEA's Chicago Field Division; Minnesota State Senator Julie Rosen, who has been a strong leader in the fight against meth here in the state; Sheriff Terese Amazi of Mower County and Sheriff Brad Gerhardt of Martin County; Lt. Todd Hoffman of the Wright County Sheriff's Office; and Ms. Susan Gaertner, the Ramsey County Attorney.

On our second panel, we are pleased to be joined by Commissioner Michael Campion of the Minnesota Department of Public Safety; Mr. Bob Bushman, a Senior Special Agent at the Minnesota Bureau of Criminal Apprehension, and President of both the Minnesota State Association of Narcotics Investigators, and the Minnesota Police and Peace Officers' Association; Mr. Dennis D. Miller, Drug Court Coordinator for the Hennepin County Department of Community Corrections; Ms. Kirsten Lindbloom, Coordinator of the Mower County Chemical Health Coalition; and Mr. Buzz Anderson, President of the Minnesota Retailers Association. We thank everyone for taking the time to join us today, and look forward to your testimony.

Mr. SOUDER. The first panel is all here, is that correct, except Ms. Gaertner? We'll swear her in separately.

As an oversight committee, it's our standard practice to swear in all our witnesses and ask them to testify under oath. You'll join Mark McGuire, who did this a few weeks ago in front of our committee, which gave a lot more publicity to what we do in our committee, and so if you'll each rise, raise your right hands.

[Witnesses sworn.]

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

Mr. GUTKNECHT. Mr. Chairman, I'm in the process of turning off my cell phone, and I might recommend that others check theirs as well.

Ms. MCCOLLUM. Mine is off.

Mr. SOUDER. Mr. Ogden, we're going to start with you. Welcome.

Mr. OGDEN. Good morning, sir. Thank you.

STATEMENTS OF TIMOTHY J. OGDEN, ASSOCIATE SPECIAL AGENT IN CHARGE, CHICAGO FIELD DIVISION, DEA, ACCOMPANIED BY DENNIS WISCHERN, ASSISTANT SPECIAL AGENT IN CHARGE, INDIANA; AND THOMAS KELLY, ASSISTANT SPECIAL AGENT IN CHARGE, MINNESOTA AND NORTH DAKOTA; JULIE ROSEN, MINNESOTA STATE SENATOR; TERESE AMAZI, SHERIFF, MOWER COUNTY; BRAD GERHARDT, SHERIFF, MARTIN COUNTY; LIEUTENANT TODD HOFFMAN, WRIGHT COUNTY SHERIFF'S OFFICE; AND SUSAN GAERTNER, ATTORNEY, RAMSEY COUNTY

STATEMENT OF TIMOTHY J. OGDEN

Mr. OGDEN. Chairman Souder and distinguished Members of Congress, my name is Timothy Ogden, and I am the Associate Special Agent in Charge of the Drug Enforcement Administration's Chicago Field Division. On behalf of DEA Administrator Karen Tandy, and Chicago Field Division Special Agent in Charge, Richard Sanders, I appreciate your invitation to testimony today regarding DEA's efforts to combat methamphetamine in the State of Minnesota.

The DEA Chicago Field Division's area of responsibility includes the northern half of Illinois, as well as the States of Indiana, Minnesota, North Dakota and Wisconsin. Accompanying me today are Thomas Kelly, who serves as the Assistant Special Agent in charge of the DEA Minneapolis District Office, and Dennis Wischern, who serves as the Assistant Special Agent in charge of DEA's Indianapolis District Office.

Mr. Kelly directs all the DEA operations in the States of Minnesota and North Dakota, and he works hand in hand with our law enforcement counterparts in those States. Mr. Wischern directs all enforcement operations in Indiana after serving a number of years in DEA headquarters, and he's truly regarded as an expert on methamphetamine issues. Combined we have over 70 years in drug law enforcement experience.

Methamphetamine is not a new drug threat to DEA, but until the late 1980's methamphetamine was a relatively unknown drug outside the States along the west coast. However, by the early

1990's, methamphetamine was gaining in popularity and began spreading across the country. Today few places in the United States have not felt its impact, and Minnesota is no exception.

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

No precise breakdown is currently available, but drug lab and seizure statistics suggests that roughly two-thirds or more of methamphetamine utilized in the United States comes from the larger super labs, increasingly in Mexico, and that about one-third of the methamphetamine consumed in this country comes from medium to small domestic laboratories.

Attacking the methamphetamine threat in Minnesota is a two-prong problem. First, large quantities of methamphetamine are produced in Mexico by drug trafficking organizations that smuggle into the United States and then transport it throughout the country and into States like Minnesota. These Mexican traffickers also control the transportation distribution of bulk sales of cocaine, marijuana and heroin.

Second, like so many other Midwestern States, law enforcement agencies in Minnesota are faced with a large number of small toxic labs. These labs produce relatively small quantities of methamphetamine, but have the major impact on the people of Minnesota. We are well aware that combating this drug requires a concerted effort by law enforcement, and we are working with our partners in Minnesota and across the country to fight methamphetamine.

Another toll in this fight comes from DEA's Office of Training, which shares our expertise by training thousands of State and local partners from all over the country, as well as our international counterparts. Since 1998, DEA has trained more than 8,600 State and local law enforcement officers, as well as 1,900 DEA employees to conduct methamphetamine investigations and safely dismantle methamphetamine laboratories that are seized.

In the last 4 years DEA has provided clandestine laboratory training to more than 150 officers from Minnesota. Of this, 52 have received training in the past 9 months.

The DEA also provides cleanup assistance to law enforcement agencies across the country as they battle this drug. DEA's Hazardous Waste Program, with the assistance of grants to State and local law enforcement, supports and funds the cleanup of the majority of the laboratories seized in the United States.

In fiscal year 2004, DEA administered 10,061 State and local clandestine laboratory cleanups, costing \$18.6 million. In Minnesota, from fiscal year 2002 through 2005, the DEA administered 947 lab cleanups at a total cost of \$1,202,180.00, and over the past 9 months the DEA has administered 144 cleanups in Minnesota at a cost of \$280,000.

Demand reduction is an important aspect in law enforcement's fight against methamphetamine, and the DEA Minneapolis District Office is actively engaged in this effort to raise the awareness about the dangers of methamphetamine.

Since 2003, our demand reduction coordinator has conducted more than 100 presentations throughout the State, reaching approximately 9,700 people. Many of these presentations began as general drug-related topics but then invariably evolved into methamphetamine discussions.

More than any other controlled substance, methamphetamine endangers children through the exposure to drug abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire and explosions. In response to these tragic phenomena, the DEA has enhanced its Victim/Witness Program to identify, refer and report these incidents to the proper State agencies. This program insures that endangered children are identified and that each child's immediate safety is addressed at the scene through coordination with child welfare and healthcare service providers.

In closing, I want to assure you that the DEA is fully aware that the fight against methamphetamine must continue, and we'll do everything we can to stop the spread of this drug. The DEA is fighting methamphetamine on multiple fronts, and the Minneapolis District Office will continue to work closely with our partners to combat this insidious drug.

I want to thank you for holding this hearing and recognizing the importance of this issue. I also want to thank you for giving me the opportunity to testify here today. My colleagues and I will be happy to answer any questions you may have at the appropriate time. Thank you, sir.

Mr. Souder. Thank you. Senator Rosen.

[The prepared statement of Mr. Ogden follows:]

Statement of

**Timothy J. Ogden
Associate Special Agent in Charge
Chicago Field Division
Drug Enforcement Administration**

Before the

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

June 27, 2005

“Fighting Meth in America’s Heartland: Assessing Federal, State, and Local Efforts”

Chairman Souder, and distinguished members of the House Government Reform Committee-Subcommittee on Criminal Justice, Drug Policy and Human Resources, my name is Timothy Ogden and I am the Associate Special Agent in Charge of the Drug Enforcement Administration’s (DEA) Chicago Field Division. On behalf of DEA Administrator, Karen Tandy, and Chicago Field Division Special Agent in Charge, Richard Sanders, I appreciate your invitation to testify today regarding the DEA’s efforts to combat methamphetamine in the State of Minnesota.

Overview

Until the late 1980s, methamphetamine was a relatively unknown drug outside of the states along the West Coast. However, by the early 1990s, methamphetamine was gaining in popularity and began spreading across the country. In 1990, only two states reported the seizure of 20 or more methamphetamine labs. In 2004, this number had skyrocketed to 41 states. Today, few places in the United States have not felt its impact, and Minnesota is no exception.

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

We are well aware that combating this drug requires a concerted effort by law enforcement and we are working with our partners across the country to fight methamphetamine. Another tool in this fight comes from the DEA’s Office of Training, which shares our expertise by training thousands of our state and local partners from all the over country, as well as our international counterparts. The DEA also provides cleanup assistance to law enforcement agencies across the country, as they battle this drug.

National Threat Assessment and Trends

Mexico-based and California-based Mexican traffickers control “super labs” and produce the majority of methamphetamine available throughout the United States. A “super lab” is defined as a laboratory capable of producing 10 pounds or more of methamphetamine within a production cycle. The supply of methamphetamine in the United States is supplemented by multiple “small toxic laboratories” (STLs), which are generally not affiliated with major drug trafficking organizations. No precise breakdown is available, but current drug and lab seizure data suggests that roughly two-thirds of the methamphetamine used in the United States comes from larger labs, increasingly in Mexico, and that probably about one-third of the methamphetamine consumed in this country comes from medium-to-small domestic laboratories.

Mexican criminal organizations control most mid-level and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions of the United States, as well as much of the distribution in the Great Lakes and Southeast regions. Mexican midlevel distributors sometimes supply methamphetamine to Outlaw Motorcycle Gangs (OMGs) and Hispanic gangs for retail distribution throughout the country.

Asian methamphetamine distributors (Filipino, Japanese, Korean, Thai, and Vietnamese) are active in the Pacific region, although Mexican criminal groups trafficking in “ice methamphetamine” have supplanted Asian criminal groups as the dominant distributors of this drug type in Hawaii. OMGs distribute methamphetamine throughout the country, and reporting indicates that they are particularly prevalent in many areas of the Great Lakes region, New England and New York/New Jersey regions.

The rapid spread of methamphetamine throughout the United States is due in part to the proliferation of STLs, which are found in rural areas, tribal and federal lands, big cities, and suburbs. Although the amount of methamphetamine actually produced by these STLs is relatively small, the adverse impact they have on local communities is enormous. The impact of the drug itself on the abusers is a serious enough problem, but it does not stop there. This drug’s victims include victims of methamphetamine-related crime, drug endangered children, the environment and government entities on all levels, which are strained by the responsibility of combating STLs.

Minnesota Threat Assessment

Methamphetamine in Minnesota is a two-pronged problem. First, large quantities of methamphetamine produced by Mexican organizations are transported into and distributed throughout the state. Mexican traffickers also control the transportation, distribution, and bulk sales of cocaine, marijuana and small amounts of black-tar heroin. Mexican groups, who receive their “product” from the West Coast or Mexico, typically transport their methamphetamine via couriers, through the U.S. mail or by commercial carriers. As a general rule, the upper echelon Mexican distributors in Minnesota transport the majority of their drug proceeds back to family members residing in Mexico.

Second, like so many other Midwestern States, law enforcement agencies in Minnesota are faced with a large number of STLs. These STLs produce relatively small quantities of methamphetamine, but have a huge impact on the people of Minnesota. Local independent dealers

are the primary methamphetamine producers in Minnesota. In outlying areas of the state, these groups and OMGs distribute methamphetamine in small quantities. The Birch reduction (Nazi) method (using anhydrous ammonia) is the predominant method used to manufacture methamphetamine in Minnesota. The majority of methamphetamine labs discovered in Minnesota produce less than one to two ounces per "cook" several times a week. Most of the precursor and reagent chemicals used to produce this drug are purchased from legitimate suppliers, usually convenience stores. Occasionally, anhydrous ammonia is stolen from farms in agricultural areas.

Methamphetamine lab-related seizures in the State of Minnesota, as reported to the El Paso Intelligence Center (National Clandestine Laboratory Seizure System – as of 6/17/05) for FY-2002 through FY-2004 are listed below. It should be noted that some State and local law enforcement agencies choose not to report their clandestine laboratory numbers to EPIC, so these numbers are lower than the actual numbers of labs in Minnesota:

	Chem/Glass/Equip	Dumpsites	Labs	Total
FY-2002	42	15	158	215
FY-2003	72	56	188	316
FY-2004	32	40	120	192

Battling Methamphetamine – Labs and Precursor Chemicals

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

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

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

DEA's Efforts in Minnesota

The DEA's Minneapolis District Office is part of the Chicago Field Division, and covers the entire state. The office's enforcement efforts are led by DEA Special Agents and Task Force Officers from state and local agencies and federal agencies, who are assigned to the Minneapolis District Office. The Task Force Officers are deputized by DEA and have the same authority as DEA Special Agents. DEA Special Agents and Task Force Officers working together daily to enhance the strengths of all involved agencies and serves as a force multiplier, by which law enforcement can better attack the methamphetamine problem in Minnesota.

The DEA focuses its overall enforcement operations on the large regional, national and international drug trafficking organizations responsible for the majority of the drug supply in the United States. Within the State of Minnesota, we implement the same approach by focusing our investigative resources and efforts on the largest trafficking organizations operating within our area of responsibility. The DEA's enforcement efforts and those of our state and local counterparts have resulted in numerous successful investigations in Minnesota.

These investigations have involved various levels of methamphetamine traffickers and lab operators, including local traffickers and "cooks", gang members, repeat offenders and sources of supply from the West Coast. Individual investigations conducted by the Minneapolis District office have resulted in methamphetamine seizures totaling up to approximately 25 pounds. Laboratory analysis of methamphetamine exhibits acquired in investigations initiated by the Minneapolis District Office has documented purities ranging up to 99 and 100 percent. Since FY-2002, the Minneapolis District Office has made in excess of 500 methamphetamine-related arrests.

DEA's Clandestine Laboratory Training

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

The DEA has trained more than 8,600 State and local law enforcement personnel (plus 1,900 DEA employees), since 1998, to conduct investigations and dismantle seized methamphetamine labs and protect the public from methamphetamine lab toxic waste. In the last four years (fiscal

years), the DEA has provided clandestine laboratory training to more than 150 officers from Minnesota. Of this total, 52 have received training in FY-2005.

The Office of Training also provides clandestine laboratory awareness and "train the trainer" programs that can be tailored for a specific agency's needs, with classes ranging in length from one to eight hours. Additionally, we provide in-service training and seminars for law enforcement groups, such as the Clandestine Laboratory Investigator's Association and the International Association of Chiefs of Police, and have provided training to our counterparts in other countries regarding precursor chemical control, investigation and prosecution. This DEA training is pivotal to ensuring safe and efficient cleanup of methamphetamine lab hazardous waste.

Hazardous Waste Cleanup

When a federal, state or local agency seizes a clandestine methamphetamine laboratory, Environmental Protection Agency regulations require that the agency ensure that all hazardous waste materials are safely removed from the site. In 1990, the DEA established a Hazardous Waste Cleanup Program to address environmental concerns from the seizure of clandestine drug laboratories. This program promotes the safety of law enforcement personnel and the public by using qualified companies with specialized training and equipment to remove hazardous waste. To aid in environmentally sound clandestine drug laboratory cleanup, the DEA has enlisted the services of the private sector. Private contractors provide hazardous waste removal and disposal services to the DEA, as well as to state and local law enforcement agencies.

DEA's hazardous waste program, with the assistance of grants to state and local law enforcement, supports and funds the cleanup of a majority of the laboratories seized in the United States. Just in FY-2004, the DEA administered 10,061 state and local clandestine laboratory cleanups at a cost of \$18.6 million.

In Minnesota, from FY-2002 through FY-2005 (as of June 20, 2005), the DEA administered 947 lab cleanups, at a total cost of \$1,202,180.00. For FY-2005 (as of June 20, 2005), the DEA has thus far administered 144 cleanups in Minnesota at a cost of \$280,200.00.

Demand Reduction Efforts

The DEA is aware that Demand Reduction is an important aspect in law enforcement's fight against methamphetamine, and the Minneapolis District Office is actively engaged in this effort. The DEA's Demand Reduction Coordinators are Special Agents who are working all around the nation to raise awareness about the dangers of methamphetamine. These Special Agents bring law enforcement experience and expertise to communities dealing with the full range of methamphetamine issues, including small toxic labs, the health consequences of methamphetamine, community anti-methamphetamine initiatives, and legal penalties for methamphetamine production and trafficking, and other critical issues.

Since 2003, the Minneapolis District office's Demand Reduction Coordinator has conducted 34 presentations in the Twin Cities area, reaching approximately 1,935 people. During this same time, in areas outside the Twin Cities, 75 presentations have been conducted, reaching approximately 7,800 people. Many of these presentations began as general drug-related topics, but

they invariably evolve into methamphetamine discussions. These presentations do not include the programs that DEA has provided to school audiences.

Victim Witness Assistance Program

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

Conclusion

The DEA, both nationally and in Minnesota, is fully aware that the fight against methamphetamine must continue and we must stop the spread of this drug. Law enforcement has experienced some success, as is evidenced by the significant decrease in the number of "super labs" seized in this country and the huge reduction in pseudoephedrine seized at the Canadian border. To combat this epidemic, we are fighting methamphetamine on multiple fronts. Our enforcement efforts are focused, not only on the large-scale methamphetamine trafficking organizations distributing this drug, but also those who are involved in providing the precursor chemicals necessary to manufacture this poison.

The Minneapolis District Office is working closely with our state and local law partners to combat methamphetamine and the spread of small toxic labs. To more effectively and safely investigate and dismantle these labs, the Minneapolis District Office, through our Office of Training, has ensured that officers in Minnesota are provided with clandestine laboratory training. Additionally, our Demand Reduction Coordinator has taken an active role in heightening community awareness to this drug in Minnesota. As an agency, the DEA also has expanded our Victim Witness efforts to provide assistance to methamphetamine's victims.

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

STATEMENT OF JULIE ROSEN

Ms. ROSEN. Thank you, Mr. Chair, and fellow Honorable Members.

I just want to thank you very much for being here, and I am going to tweak my testimony here because, obviously, you're very well briefed in understanding methamphetamine issues, so we are not starting at square one, at a place that I was about a year and a half ago.

I had fellow Senate members in my caucus that repeatedly say, well, what's the big deal about meth? But apparently you all know what the big deal is about meth, and that's why you're here, and I really appreciate this opportunity to talk about what's going on in Minnesota, and I will gear this testimony more toward the legislation and our hopes for Minnesota legislation and our fight against meth for the future.

Because even though we passed probably one of the most aggressive and comprehensive pieces of legislation this year, in the Nation, actually, it's probably the best meth bill in the Nation, we still have a lot of work to do.

If you're not familiar with the Minnesota meth bill, it deals with five major parts. The increase, No. 1, the cornerstone of the bill is the restriction on the pseudoephedrine, and that was a huge deal and a lot of effort put out by many, many people.

The other part, another two parts were the increase in penalties for child endangerment and for the attempt to manufacture meth, a very important part of this bill, too.

The fourth piece of this bill, that I'm very proud of and that many States are looking at, is the remediation and cleanup issue, how we handle these contaminated properties and how we disclose them with the realtors and to private owners. That is, that we worked on that very, very hard, and I think we've got a good piece of legislation there, and I'm hoping to watch its progress carefully; and another part of this bill is the treatment. There's money in this bill for treatment.

Now, that's a little more nebulous, I'm not quite sure how we're going to do that, but it's grants to counties that can extend their treatment program, which is very important. As you know, the 28-day program for meth does not work, so we need to provide to the counties more funds, more revenue to be able to provide a longer treatment program.

There is some education in this bill for schools, but that is an area that I would like to talk to you about; education, the materials and funding for this, and for law enforcement, but I will get back to that later. As you can see, I don't have a formal—I think that I'm talking from the heart, and I appreciate this because I haven't talked about meth for a couple weeks now, I'm going through withdrawals. So I appreciate this, and they don't call me Senator Meth for nothing.

I got involved in this issue about 2½ years ago because the sheriff, Sheriff Gerhardt, brought it to my attention. I live about 8 miles from the Iowa border, and it's very evident whatever other States are doing in the surrounding area of Minnesota it directly affects our State, and that's exactly what happened, and there was

many people that were working on the meth issue but bits and pieces all over.

So we pulled together, and this fine sheriff, too, is a part of Minnesota Meth Lab Task Force, and we developed a very fine bill last year, and it's a better bill this year, and we've got the support of the Governor, which was extremely important. You have to have the support from the Governor, or the attorney general's office in some States are dealing with it, and he was completely supportive and, like I said, we passed one of the best meth bills in the Nation, and because of that bill many States are asking for help. We helped Wisconsin out. We're trying to work on a Midwest comprehensive meth approach, and it doesn't make sense to continue to re-create the bill because there is good legislation out there, and I'm hoping that with the legislation that's coming down on the Federal side, it's not going to preempt what we have done on the State side if we have a stronger bill. So that's something that I really wanted to mention that, please, don't weaken our bill by something that's done on the Federal side.

I had the opportunity and pleasure to talk with the Eastern Attorney General's Association a couple weeks ago on methamphetamine, and it was very interesting. There was some there that gave me that deer-in-the-headlight look, that they had not a clue what myself or the gentleman from Iowa was talking about, and then there was some that were starting to get it, and that's the issue with meth. Either you have the people that you understand meth and have dealt with it or know somebody or have heard of a horrendous story or people are going, like my colleague, what's the big deal with meth. That disparity is getting smaller and smaller and closer together, but we still have a tremendous amount of work to do, a tremendous amount of education to do.

There are some things that we can work on on the Federal side is a national Web site for standard cleanup measures, especially for children. We need to have a national view of how we handle these contaminated properties, and we need to have more research done for how it's affecting the children. I have been involved in a drug endangered children's program for several years now, only legislator that ever shows up. I can't understand that, and methamphetamine and when the children are in the presence of a contaminated home or where they're cooking meth, we have no clue what it's done to the children, and I'd like to see a national—this is kind of my wish list. I'd like to see a national clearinghouse for meth education materials and have access to them.

In Minnesota we actually have a very good Web site that's put out by the Department of Health, but many States are struggling with it, and we get a tremendous amount of calls saying please help us. We need information. We don't have—this is really about the only meth literature that's available right now, and I put this out through my office, and there is the—what's it called, the—oh, it's the Partnership for Drug-Free America apparently has a wonderful set of meth material that's been reviewed by some people in the State, and they are very excited about that. However, it costs \$20,000 a year per State, and we don't even have \$25,000 a year to get that information.

Education is key, especially for our schools, and the calls that are coming in to the Department of Health and to the Bureau of Criminal Apprehension on meth education is tremendous, and that's where we can help.

The Government what I would hope, too, can provide a little stronger and not so nebulous treatment guidelines. They talk about adequate. Well, what is adequate? And we are even struggling with that in our State. We can't seem to get our hands around exactly what needs to be done. There are many other programs out there that do work, but we'd like to be able to say this we do know works. We do know that we need at least 6 months. We do know we need an after-treatment program. We do know that we need to direct them with antidepressants and medical health and we need—we do know that we need to gear our treatment programs more for the individual. The adolescent program has to be much different than the mother of a child program, because we're seeing meth affect everybody. This is not just the 25 to 45-year old blue collar worker anymore. This is in our children, our schools, and you all know that. It's the only drug right now that 50 percent are females, soccer moms. There are 13, 14-year old girls on our Lower Sioux Reservation that are not even paying for meth. They are using it for sex, and that's how they get their meth, is for sex, and it's just hit our Native American population extremely hard. The African American population, our community, I should say, in northern Minneapolis just testified in one of our committees this spring that it is—meth has been found in the African American community, and that is very unusual. That is starting to happen, so we're really concerned about that.

But the No. 1 thing that the Federal Government can do is restrict and enforce the manufacturing or importation of the ephedrine and pseudoephedrine into the United States from Canada, because right now 80 percent that is manufactured is coming in through Canada in the United States. That's tremendous. We all know that's not for the sniffles and the cold, and they have an open market, and we need to address that market. We need to send a clear message. A couple other areas that I—

Mr. SOUDER. You need to kind of summarize. I let you go on past the 5-minutes.

Ms. ROSEN. Oh, I did? I'm sorry.

We need to have equality. There's a disparity between the Hot Spots money between the States. Iowa, Wisconsin get a tremendous amount of Hot Spots money, and we are not getting our fair share.

So, please, if you can, work on any of the money that's available through the Federal Government, I would appreciate that. And I appreciate this opportunity, and I do want to say that Target Corp. in Minnesota here was instrumental in providing a corporate agenda for how they handle pseudoephedrine, and a lot of other corporations and their competitors have followed suit, and I wanted to say on the record thank you to Target for being responsible with that.

Mr. SOUDER. Thank you.

Ms. ROSEN. Yes, thank you.

Mr. SOUDER. Sheriff Amazi.

STATEMENT OF SHERIFF TERESE AMAZI

Ms. AMAZI. Thank you, Mr. Chair, and I really want to thank you for allowing me the opportunity to testify here today.

From a very local perspective, I can tell you what it has done to our jails. Last year it cost Mower County approximately \$200,000, and that is just in our jail, just with medical costs and housing and prisoners. Our jail population on any given day is about 50 percent meth-related crimes, whether they're high on methamphetamine when they commit the crimes or they're doing the crime because they want more methamphetamine. That is what we see.

In Mower County we've really taken a community approach. We do a lot of education. I go out and I know I speak a lot about methamphetamine. I myself have distributed about 6,000 of the meth lab, Watch Your Community brochures that we have available, and those are available to us through the DEA, and I really want to thank those folks, because they do provide a tremendous asset to Mower County. Mr. Ogden was saying that they train 52 individuals to do meth lab cleanups. Four of those individuals were from Mower County in the last 9 months. So we truly do use their resources. We also do depend upon the Byrne Grants, and the Byrne Grant comes to us through our task force, and we have in southeastern Minnesota a narcotics task force, and we cannot operate without the Byrne Grant. They supply much of the funding that goes with the education. They also supply the enforcement, and without those, without some degree of fear of getting caught, we have a rampant problem. I know we've fought this the same way for years and years. We don't seem to gain headway. However, I can say we do make a difference. We do at least try to make a difference in getting these people.

A lot of our treatment currently consists of incarceration, because that is the only one that works. I know I had a father that said the best thing you did for me was arrest my son and keep him in your jail, the Mower County jail, because that is what he needed. He is currently in the St. Cloud Penitentiary, however, is turning his life around, had begun to turn his life around after serving a year in Mower County Jail, because he needed that drying out time, he needed to get away from his friends, his drug friends, and was able to get out of the county and away to a different area. He was able to turn his life around and, hopefully, when he comes out of St. Cloud he'll be able to continue.

So those are just personal testimonies. I know, Congressman Gutknecht, you were in Mower County last September for the floods. Previous in that day we had done some rescues of individuals that were landlocked by the water, and floating down the river was a portable meth lab. So we know we've got it.

The rural area truly lends itself to meth labs. They make it in the trunk of cars, they dump it in the ditches. We see them in homes, we see it with children. Just about every meth lab that we have busted we see children, and we see two and three children at a time, and they are sick. We take them immediately to the emergency room. That is a cost that is, you know, taken upon by the county. So we're seeing it at a county level, and those are just costs that we see currently and will see consistently, because we can't

allow those children not to get medical treatment. We have to do that.

Also, our people that are incarcerated, they need medical treatment as well, and dental, a lot of dental. We don't provide corrective dental surgeries. We are truly in the aspect of extraction. That is what we do, summary building, but at a medical facility, we cannot do that. So we see a lot of individuals who have liver problems, breathing problems. When they come down off the methamphetamine, they're suicidal. We have a lot of people that are in paper suits up in our jail, and that is how we detox them, because our detox facilities are not set up for methamphetamine, unfortunately, because these individuals are very dangerous and they're very suicidal. They can go off at a drop of a hat, and they do, and so they stay in our jail facility, and to detox they're in paper, unfortunately, to minimize the risk of suicide.

So these are just some of the local level aspects. You'll also hear from our Chemical Health Coalition that does a lot of community education as well. We partner up and we go out as a team and talk to kids, talk to families, talk to parents, a lot of parent education, and I don't just do it in Mower County. I go to Steele County, I go to Freeborn County, asked to do a lot of presentations.

So I really do appreciate the ability to come here today, give you just a small, small view of what's occurring in Mower County, but I do appreciate that, and thank you for having me here today.

Mr. SOUDER. Thank you. Sheriff Gerhardt.

STATEMENT OF SHERIFF BRAD GERHARDT

Mr. GERHARDT. Chairman Souder, and the distinguished members of the committee, I, too, thank you for allowing me to be here today, and I can echo what you've heard up to this point and, hopefully, I don't necessarily have to repeat that, but I can speak for the issues that Sheriff Amazi had, because we're just two counties to the west from her, so we have the same or similar issues. We're probably about half the size of the population, however.

Our jail issue is the same to the point where we're in the process of establishing a justice council and starting to build a new jail. As my chief deputy and members of my county board right now are at a jail summit in St. Cloud put on by the Association of Minnesota Counties where approximately a third of the counties in the State of Minnesota, one-third of the 87 counties are looking at building new jails, and meth is the tail that's wagging the dog. That's really what's pushing that issue right there, right now, and I would say more than half to two-thirds of our inmates in our jail are meth or meth-related inmates.

I'm going to go a little different route here and, as Senator Rosen stated earlier, she represents our area, and we sat down and met with her approximately 2, 2½ years ago and started telling her about the whole meth issue. But we're coming up with some new philosophies, some new thoughts on what we should do with methamphetamine, and we've certainly done our share in Martin County to educate and to respond to the meth lab issues, to train people, and to really hit the area of prevention extremely hard. We're offering reward money for information for—towards the prosecution of a methamphetamine lab. We're extremely excited over the fact that

we have the legislation now from the State of Minnesota, which will hopefully reduce our local labs, and we can concentrate more on the regional effort, and you referred to earlier the Mexican meth and the super lab methods coming into Minnesota and really start to make a dent into that and really encourage my agents in our drug task force, which is different than Sheriff Amazi's task force, to work with the DEA and other Federal agencies on that front.

I have a handout that I have laid over there on the table, and on the third page of that handout I have the Project Surround philosophy that's being developed in Martin County. And this philosophy is somewhat responsive and somewhat prevention, and it's a philosophy created locally after a class of blended leadership students from Fairmont attended the week long Blandon retreat. The Blandon Foundation is a Minnesota foundation created for rural Minnesota after tragedy struck the Blandon family in the middle of the 20th century. They realized that rural areas, specifically rural Minnesota, need support and leaders need to be trained. I personally happened to be an attendee at the second session for the Fairmont area.

Project Surround involves the community working with at-risk youth. They learned early on the youth involved need a sense of connectiveness and also they need to contribute to society, as well as have long-term case management. So with that in mind, the Services for Challenging Youth Committee was formed in the Martin County area, and the following initiatives were created.

In Martin County we have kinship and Martin County mentoring, and that satisfies the connectiveness that the children need to a community. We have a brief strategic family therapy and also weekend consequential camp. The consequential camp helped with contributions to society and, finally, addressing the issue of long-term case management we are currently working on a model for after school programming, and we currently have it 70 percent funded. This program includes a meal, which is very important for our challenging youth, recreation time and time to complete the homework, family therapy and individual therapy for chemical dependency issues, as well as vocational skills component involving a doctoral candidate who is doing the thesis on this program.

We're also in the process right now to get a doctoral candidate to look at the economics of this program, this after school program, and I'll fill you in on some more of the details in a little bit, from the University of Chicago to study the potential out-of-home placement savings that this program will, hopefully, address.

The whole idea behind our after school program, which will run from 3 to 8 p.m. is, quite honestly, to break the cycle. We're not going to see huge results early on, within the first couple of years, but whether it's meth or whether it's alcohol or whatever, we need to break the cycle and the cycle of abuse, and a lot of these children that are going to be involved in this after school program come from homes that have the chemical dependency issues and the related abuse issues that go along with that.

So we're embracing that philosophy in Martin County, and as you can probably tell, the biggest issue is funding. We're talking a \$191,000 program for 176 school days out of the year, and we're

about \$130,000 to that point right now, and this way that we can have these kids and talk to them.

I also happen to be a counselor for the Weekend Consequential Camp, and there are several key components that are missing. One is a positive male role model in the lives of about 75 percent of the students that attend these camps and the other one is that I like being here at this camp, even though I'm working really hard and I'm really tired, I don't want to go home, and those are the things that we're hearing from the kids who come from the meth houses and the meth homes. So we have to give them the skills to cope and to deal with those issues that meth is creating.

Impact on out-of-home placement, just Martin and Faribault County last year alone out-home placement costs \$1.7 million on a local level. If we can spend tens of thousands of dollars up front on prevention and to work with these youth that are at risk, we could probably save millions of dollars down the road, and that's the philosophy that we're embracing.

Again, I'd like to thank the committee for having me here, and I'll be open to any questions you may have.

[The prepared statement of Mr. Gerhardt follows:]

DATE: JUNE 21, 2005

TO: SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
AND HUMAN RESOURCES

FROM: MARTIN COUNTY SHERIFF BRAD GERHARDT

Honorable Members of the Committee:

Martin County is located in South Central Minnesota right on the Iowa border. The County covers 720 square miles with 21,800 inhabitants, is dotted with approximately 50 lakes, and provides a very pristine rural lifestyle. That was until about 6 years ago, when the methamphetamine epidemic started to creep into southern Minnesota from Iowa. What do we do about this?

EDUCATE:

The law enforcement community in our area started to learn more and more about "Meth" and its effects on people. We hit the internet and enlisted help from neighboring agencies as well as Federal Agents in search of more information.

Agent Cotner of the DEA was extremely helpful. Law Enforcement also utilized the radio as a media resource and conducted phone-in programs to help the public become more aware. We learned early on that it took many agencies to respond to the meth issue. In the past few years our Sheriff's Office has dealt with Local, State, and Federal Law Enforcement Agencies including, ATF, DEA, POSTAL INSPECTORS, FBI, SECRET, SERVICE, ICE, just to name a few. Other agencies include HSEM, AG., Public Health, Human Services, Corrections, Pollution Control, Probation (local and state), Retail, Schools, Prosecution and the County and Federal Courts. This is just a snapshot of how the response to meth involves multiple agencies. We hosted a community education program presented by Environmental Health Scientist, Deborah Durkin, of the MN Dept. of Health. This was covered by local media and played repeatedly on the local cable access channel.

RESPOND:

Our local County Board passed a meth clean-up ordinance with regard to labs and dump sites. Two Law Enforcement Officers from our County were trained in response to meth labs, mainly due to the toxic nature of the labs. This atmosphere creates a very hazardous work environment which could potentially evolve into worker's compensation problems. OSHA standards then came into play and the training involved tens of thousands of dollars in equipment. Now that we have people trained, we have to be concerned with re-certification. Our multi-county drug task

force was faced with an large increase in case load. As a County, we were dealing with an increasing population in our jail to the point where we have formed a "Justice Council" and are studying the potential construction of a new jail. Just last year we spent nearly \$150,000.00 in out of County housing costs due largely in part to the increase in Meth use. Law Enforcement in our area has responded to numerous meth-related calls including an attempted "Execution" style shooting, as well as people getting burned from Lab's that are blowing up. We had one case of a barricaded suspect which resulted in an 18 hour standoff involving two SWAT teams - all over an "8-ball" of meth. "These things (meth labs) are bombs waiting to go off," stated Sheriff Borchardt of Olmsted County. Truly, they are. Several fires of suspicious origin have occurred in Martin County over the past several years. All these issues take resources. Certainly, there are many types of crimes associated with the highly addictive nature of the drug. We deal with property crimes, check fraud, credit card fraud, identity theft whatever it takes to feed the habit and ignore all those around you.

TRAIN: We spent countless hours training our officers, fire departments and local public health as well as our citizens on meth issues as it relates to at risk youth, cars, property, etc. We use HSEM money for terrorism as a means to respond to the meth issue. When you think Homeland Security and the response that it triggers you can make a direct correlation to the meth issue. CBRNE is an acronym associated with terrorism response. Chemical, Biological and Explosive also apply to meth. We purchased decontamination equipment locally, as well as regionally, for haz-mat type issues. We've trained and feel adequate in dealing with contamination.

PREVENTION: Our County Seat of Fairmont has created a reward of \$1,000.00 locally for the discovery of a "Meth" lab. This, teamed with our educational piece I mentioned earlier certainly lends itself favorably toward prevention. Retailers are taking this issue seriously by voluntarily removing precursors as well as educating their staff on what to look for and to advise law enforcement of any suspicious purchases. Our state legislature has also grasped the aforementioned philosophy and is helping cities and counties in Minnesota with regard to "Meth Watch", a retail awareness program, as well as revolving loan funds for toxic waste clean up.

PROJECT SURROUND PHILOSOPHY: This philosophy is somewhat response and somewhat prevention I'll explain. "Project Surround" is a philosophy created locally after a class of "Blandin Community Leadership Students" attended the week long Blandin retreat. The Blandin Foundation is a Minnesota Foundation created for rural Minnesota after tragedy struck the Blandin family in the middle of the 20th Century. They realized that rural areas need support and leaders need to be trained. Project Surround involves the community working with "at-risk" youth. They learned early on that the youth involved need a sense of connectedness and also need to contribute to society as well as have long term case management. With that in mind, the "Services for Challenging Youth" committee was formed and the following initiatives were created: Kinship and Martin County Mentoring satisfy the connectedness. Brief Strategic Family Therapy, BSFT and Weekend Consequential Camp, WCC help with the contribution to society. Finally addressing the issue of long term case management, we are currently working on a model for after school programming and have it 70% funded. This program includes a meal (which is very important for our Challenging Youth), recreation, time to complete homework,

family therapy and individual therapy for chemical dependency (CD) issues, as well as a vocational skills component involving a Doctoral candidate who is doing a thesis on this program. We also hope to get a Doctoral candidate in Economics from the University of Chicago to study the potential out of home placement savings that this program will hopefully address.

CLOSING: So, what does all this mean? In short, it means we are leaving no stone unturned.

We realize that the long term victims in the meth situation are the youth. As a County we've recognized that issue and have surrounded our youth with many services, all done locally and with local dollars. We are happy with our success so far. Our meth crimes seem to be down a fraction and our jail population, so far in 2005, has been down about 2 to 3 inmates a day. Our labs are down significantly, but our neighboring agencies are experiencing some increases. Northern Minnesota seems to be getting hit harder this year than in the past. Like anything, funding seems to be the key critical component. If you take a look at how meth has brought so many agencies together, you realize that an atmosphere of "inter-connectedness" is extremely critical. We are so lucky in Martin County to have ALL agencies focused, poised and willing to maintain a spirit of cooperation on this issue. Myself and my staff are often asked to speak on this issue statewide as well as a couple of national venues. I can only tell you that as a small agency, we are flattered, but time away from the office is critical. We'd like to help more, but to do so we need a larger budget and more staff. Let's bring our communities, counties, and elected officials together. I fully believe that through tough laws, education, and unwavering collaboration we can beat this scourge called meth.

Respectfully,
Brad Gerhardt
Martin County Sheriff

Mr. SOUDER. Thank you. Lieutenant Hoffman.

STATEMENT OF LIEUTENANT TODD HOFFMAN

Mr. HOFFMAN. Mr. Chairman and committee members, thank you for inviting me here.

Wright County is a rural county just west of the cities here. In Wright County we found that you really need the three-prong approach to fight methamphetamine to decrease it. We need the education, we need the treatment, and we need enforcement. If you take away any of those three, and we're not going to decrease the meth in our area.

Education, Wright County started a project called MEDA. It's Meth Education and Drug Awareness. It's a coalition of law enforcement officers, treatment counselors, educators, parent/teacher organizations, different branches of the Government, to try to get together and come up with different ways of educating our citizens. We're trying to break it up into not only a county organization but a city, a local organization that are able to get out in the communities in the various cities and educate the citizens there, give them some ownership in this fight against methamphetamine. We're trying to get more people out there, like the sheriff here going out there, they're giving presentations, but now we're getting citizens going out and giving presentations at the Kiwanis, Lions Club, to Boy Scouts and Girl Scouts. We're bringing in presenters from all over the United States to come in and gave them their stories. So education in Wright County is very important.

Treatment, treatment is also very important. We found, like some of the other representatives said, 28-day program doesn't work, OK. So we talk to the counselors about what does work. What the counselors in our area are saying, they need the drying-out process, they need to be in jail 6 months, 7 months, a year, until they're finally dried out enough so that the treatment can work. Well, do they get the treatment after they're in prison or during prison? They need it during their jail time in prison. Right now, of course, we don't have funding. The local county jails don't have funding to provide treatment while they're in jail. Even our prison systems now, the treatment programs in prison is lacking. We need more funding for the treatment while they're in prison, while they're in the county jails. So treatment is a very important factor.

Enforcement, enforcement, we need funding for enforcement, especially in the rural areas. We have three police departments in Wright County. Two of the three police departments have either three officers or five officers. They can't afford right now, out of their city budget, to put one person on a task force or have a narcotics unit to fight drugs in our area. It's just—the finance area can't cover that in their budget. We need some type of a funding. Byrne Grant is great. Byrne Grant provides a lot of money for Minnesota. I forget if it's \$8 million, how much it is, but that's a good start, but it's not enough.

The funding for law enforcement officers due to Byrne funding has not increased in probably 5, 6 years. The funding that goes directly to the drug task force officers has not increased. It needs to increase. We need to get that money out to the rural cities that can't afford to put an officer on a drug task force. We need assist-

ance not only on a Federal level but a local level in giving that money directly to some of these outstate agencies, including Wright County and Mower and the southern border of Iowa.

The methamphetamine, Minnesota Legislature has helped us out quite a bit with this pseudoephedrine legislation. It's going to help out the mom-and-pop meth labs. It's going to reduce the number of meth labs in rural America, rural Minnesota, I should say, substantially. But, again, 80 percent of the meth in Minnesota comes from outside of Minnesota. So it will help the mom-and-pop labs, but due to increased amounts of methamphetamine coming from Mexico and Mexican nationals bringing them up into Minnesota has a dramatic effect on Wright County.

Right now we have a problem with identifying these drug rings, the Mexican national drug rings. No documentation, you know, you arrest somebody, you have no idea who they are. If they're able to be deported, we usually see them back within the month, and there's really no way to track some of these individuals right now. We need some type of help from the Federal Government and decreasing the ability from this meth and people that are providing the meth from coming across our borders, not only the Mexican border but also from Canada. So any assistance that the Federal Government can help us on that aspect, it would be greatly appreciated. Other than that, I'll stop my comments right now.

Mr. SOUDER. Thank you. Ms. Gaertner, we swear in all our witnesses. If you'll stand and raise your right hand.

[Witness sworn.]

Mr. SOUDER. Let the record show that she responded in the affirmative. Thank you for joining us today.

STATEMENT OF SUSAN GAERTNER

Ms. GAERTNER. Thank you, Mr. Chairman, members of the committee. I am truly honored to be here this morning, and it is a difficult task to talk about this issue in 5 minutes, particularly since I'm a lawyer, but I'll do my very best to keep my remarks brief and highlight what I consider the most important points.

I have been a felony prosecutor in this community for over two decades, and I have never encountered a crime trend or social issue that I have found as frightening and as having such an impact on my community as the methamphetamine epidemic. It used to be a rural phenomena. It is not anymore. We are beginning to feel the effects very intensely in Ramsey County, which is a jurisdiction of over half a million people, including St. Paul, where we are today. Ramsey County is waking up to its own meth problem.

Methamphetamine drug charges accounted for nearly 29 percent of all our drug cases last year, 301 cases. That is up from only 20 cases as recently as 1999. In fact, methamphetamine drug charges now account for 10 percent of all the felonies we prosecute in Ramsey County. That is just the drug charges themselves, and, obviously, what we're seeing is violent crime. Obviously, few buy methamphetamine. I could give you countless examples. I'll give you only one.

We are currently prosecuting a man who was in a fit of paranoia. Fueled by his methamphetamine use, he stabbed his wife multiple times and beat her with a broom in the presence of their very

young children. I mentioned that case in particular because of Ms. McCollum's commitment to domestic abuse in our community. It's having a negative impact on that kind of crime and really across the board with violent crimes. But what to me is almost the most frightening aspect of this epidemic is how it's affecting our children.

In Ramsey County, about 40 percent of our child protection cases involve drug use. Of those cases, 80 to 90 percent involve methamphetamine use. We're feeling that problem, the meth problem in our child protection cases, but we anticipate it will only get worse. In Carver County, which is the neighboring county, it's not as populated, 90 percent of the children in foster care in March 2004 were there because of methamphetamine.

Now, statewide last year methamphetamine accounted for nearly 40 percent of drug charges, and the number of meth offenders in our State prisons, you've probably heard that, you'll hear that again, has nearly doubled in 2 years. The cost now in Minnesota of methamphetamine use has topped \$130 million, according to the Minnesota Department of Corrections, including law enforcement corrections, prosecution, child welfare treatment and environmental cleanup costs. But what it doesn't include in that figure is other costs related to drug use, such as healthcare costs, as I mentioned domestic abuse, identity theft, burglary, assault. I recently read that in the west coast jurisdictions they're estimating that 80 to 90 percent of their identity theft cases are connected to methamphetamine use. So we can fully expect that multiple consequence will be occurring in our jurisdictions as well.

As I'm sure you know, the problem can get worse. We expect it will get worse. According to a study conducted by economists in Multnomah County, which is Portland, we look to that because it's a comparable jurisdiction to Ramsey County, they found that meth-related problems cost each household in that jurisdiction \$363 in 2004, and that doesn't even include law enforcement costs, such as jails, prosecution costs, things of that nature, just other kinds of costs not related to criminal justice.

So what do I think we need to do? I very much believe in a three-prong approach. First of all, interdiction. The Minnesota State Legislature has made very significant strides. I commend Senator Rosen and her colleagues for getting at the availability of pseudoephedrine in our community so that can have an impact on the meth labs, which are so dangerous, but that is just a first step. When you consider, as has been said many times, 80 to some percent of this drug comes from super labs, we need to be looking at, first of all, and this has been mentioned, massive quantities of pseudoephedrine that are unlawfully imported into this country that far exceed the needs of allergy sufferers, such as myself. It's coming in here and it's getting turned into methamphetamine; and, second of all, even if it's not being lawfully imported into this country, we're seeing the final product, the methamphetamine coming from Mexico. We have to interdict this very dangerous drug.

Second of all—I see my red light is on, so I'm going to do it fast. Treatment, I can go on and on and on. We cannot imprison our way out of this situation, even though I'm a prosecutor and I do put people in prison for a living, and I'm proud of it, we can't imprison

our way out of this problem. We need more treatment. It's been mentioned \$750,000 in treatment in the last legislative session. To treat 1,000 addicts, which would just be a tip of the iceberg, would be \$6½ million, and that would be a very significant investment. If you put those same 1,000 people in prison, it would be \$22 million, over three times as much.

We need treatment money, and we need to support education efforts. We've heard a lot about this. There are individuals at this table that are working hard on education. We need to support that. A week doesn't go by that I'm not speaking to some group about methamphetamine and what I've seen as a prosecutor. My favorite groups are high schools. They need to know what can happen when you dabble in this drug, but the individuals at this table and other people who are working out there in this area can't do it alone. We need support for education.

[The prepared statement of Ms. Gaertner follows:]

**Testimony of
Susan Gaertner, Ramsey County Attorney**

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

June 27, 2005

**“Fighting Meth in America’s Heartland:
Assessing Federal, State and Local Efforts”**

Chairman Souder and Members of the Committee:

Thank you for the invitation to speak on this important topic. What used to be a rural phenomenon is not anymore: Ramsey County is waking up to its own meth crisis.

**Facts about Meth and its Costs
in Ramsey County**

- In Ramsey County, Minnesota (an area that includes Saint Paul and surrounding suburbs), meth accounted for nearly 29% (or 301) of the drug charges in 2004. This is an increase from under 3% (or 20 cases) in 1999.¹
- Meth drug charges now account for nearly 10% of the felony cases in the Ramsey County Attorney’s Office.²

What is more distressing is the impact that meth is having on the children in our communities.

- 40% of child protection cases in Ramsey County involve drug abuse. Meth is involved in 80-90% of those cases.³

So, Ramsey County is feeling the meth problem, but we certainly aren’t seeing the worst of it, yet.

in Minnesota

- In Carver County, 90% of the children in foster care in March 2004 were there because of meth.⁴
- Statewide, last year meth accounted for nearly 40% of drug charges.⁵
- The number of meth offenders in our state prisons has more than doubled in two years.⁶

¹ Minnesota Offense Code analysis by Craig Hagensick, Research Analyst for the Minnesota Supreme Court.

² Ibid.

³ As reported by Susan Krinkie, Child Protection Intake Supervisor, Ramsey County Community Human Services Department, Child Protection Division, in April 2005.

⁴ Haga, Chuck. *Star Tribune*, “One rural community wages war on meth,” January 16, 2005, Metro Edition, p. 1A.

⁵ Minnesota Offense Code analysis by Craig Hagensick, Research Analyst for the Minnesota Supreme Court.

- The societal costs of meth in Minnesota topped \$130 million in 2004, according to MN Department of Public Safety Deputy Commissioner Mary Ellison. That estimate includes costs sustained by law enforcement, corrections, prosecution, child welfare, treatment and environmental cleanup. It doesn't include other costs related to abuse of the drug: health care, domestic abuse, identity theft – which is a huge problem – burglary or assault. Of that \$130 million, 50% is borne by the state; 47% by counties; and 3% by the federal government.⁷

And we know, from looking west, that the problem can get worse.

in Oregon

- A study conducted by economists in Multnomah County, Oregon (Portland area) looked at the social costs of meth. The study found that meth-related problems cost each household \$363 in 2004. That figure includes the costs of crime, fires, lab cleanups, and foster care. It does not include criminal justice costs – like police, courts, jail – or treatment.⁸

What do we need to do?

Interdiction

The 2005 Minnesota Legislature made good strides by restricting the sale of pseudoephedrine and creating new meth crimes, like making it a crime to manufacture meth in the presence of a child or vulnerable adult. These provisions give us tools for dealing with the clandestine labs that cause so many problems. But we know that only 10-20% of the meth labs in Minnesota are from those mom and pop labs. The other 80-90% of the meth consumed in Minnesota is from the super-labs in California and Mexico.

If we want to make a dent in this scourge, we must get at the massive quantities of pseudoephedrine that travels over our borders each year. Your work as federal legislators is critical to this solution.

Treatment

A second component to dealing with the meth crisis must be treatment. We simply cannot put all of the offenders in prison, because they are already full. The 2005 Minnesota

⁶ Minnesota Department of Corrections Information and Technology Unit, Memorandum from Grant Duwe to Dan Storkamp and Deb Kerschner on January 20, 2005, "Overview of the Increase in the Methamphetamine Offender Population". As of July 1, 2002, there were 417 offenders in Minnesota correctional facilities whose governing offense involved the possession, possession with intent to distribute, sale, or manufacturing of methamphetamine. As of July 1, 2004, that number had increased to 1,012 offenders in Minnesota correctional facilities.

⁷ Dunn, Ruth. *Session Weekly* (a nonpartisan publication of the Minnesota House of Representatives Public Information Services office), "Taking its toll: rising meth use results in higher costs for everyone," February 4, 2005, p. 3.

⁸ Rose, Joseph. *The Oregonian*, "Social cost of meth hits county as hidden tax," April 23, 2005, downloaded from http://www.oregonlive.com/printer/printer.ssf?base/front_page/111425033591720.xml&c on April 25, 2005.

Public Safety Omnibus bill provides \$750,000 per year of the biennium for grants to counties for meth treatment programs. This is a positive step, but it just scratches the surface of need.

We know that treatment for meth addicts requires a much longer period than for other drugs. Tom Rime, with Dodge, Fillmore and Olmstead County Community Corrections, estimates that treatment for a meth addict averages about \$6,500. At this rate, treatment for 1,000 offenders is a \$6.5 million investment. But that is what it is: an investment. Because as Tom Rime calculates, prison for those same 1,000 offenders will cost \$22 million a year – over 3 times as much.

In addition, unless the meth addicts currently in prison receive treatment for their addictions, they won't be equipped to stay away from meth once they get out. Society and the criminal justice system will most likely have to bear all of these costs again.

Education

The final component is perhaps the most important. The costs of meth are so great on the backend that we must devote more resources to prevention through education. Not a week goes by when I am not speaking to some group about meth: what it is, how to recognize it, how it affects the brain, how it impacts our communities, how it is gobbling up our public resources. My favorite group with which to speak is high school students. They are shocked to find out just how destructive this drug is. When people know the disastrous consequences this drug has, they will be less willing to try it.

Thank you for your time and attention to this growing crisis, and for the opportunity to comment here today.

Respectfully submitted,



Susan Gaertner
Ramsey County Attorney
315 Government Center West
50 West Kellogg Boulevard
Saint Paul, MN 55102-1657

Mr. SOUDER. Well, I thank you all for your testimony. Let me share a couple things first.

The timing of this hearing is timely and very efficacious. So let me first say that we appreciate 5 minutes is impossible, even with all the questions to summarize, but we need as much printed material as you can get us so that the staff can pour through this. We are in the process of putting together a major meth package. We, at the request of a couple of the committee chairman are scrambling rapidly. Last week we had 15 Members, including a number of the chairman, together to try to figure out how many Judiciary appropriations we can line up to move the number of bills possibly starting before the August break and certainly moving early this fall would make some bills move through here in the next week or two. We're trying to pool all the bills that exist in Congress, look at the ones where we can get quick agreement. Then where we go past that—for example, there's one environmental cleanup bill that's already cleared committee. We're trying to get that to the floor, trying to decide if we will do it in a week or have a week and then move bills individually.

So any information you could get, it would be helpful to have that Minnesota bill in the record in the next couple of days. I'd appreciate it, Mr. Ogden, if you can ask Director Tandy—clearly, part of our problem here is all the different—there is no national meth strategy. Different subagencies have meth strategies that have been created. I mentioned about the COPS Grant. Well, the reason there are COPS Grants that are designated as certain people in the Appropriations Committee because they were frustrated that there wasn't a nationally organized strategy started to designate and earmark money in appropriations bills. Senator Rosen knows that's probably a common matter at State laws, too. Senator Grassly has been one of the first people out of the box with meth, and so we have a Meth Hot Spots Program with designated earmark funding within COPS. You can all apply for COPS Grants, but some people had it earmarked and with this going topsy-turvy, not necessarily where the greatest problems are but where somebody who was on the right committee or somebody came to them, that it's not organized, and, of course, administration, they put it back in, and the committee actually increased it.

But if you could ask Director Tandy within—certainly by the second week in July, we will try to have—and I know at a hearing in Washington a week ago your international—he is supposed to be pulling together all the DEA task force information from around the country and was supposed to have the preliminary last week to us. Have we heard back? So we need that information as soon as possible.

Mr. OGDEN. Yes, sir.

Mr. SOUDER. But particularly some suggestions for how we would do a clearinghouse. The HIDTA bill is moving through this week. We'll ask the HIDTA people to do the same thing, and we need the push that would be through the drugs arm. We also need the justice department through the COPS Program, we need to figure out on the clearinghouse where you best place the clearinghouse.

The problem is that these are all different appropriations bills, so trying to figure out how to get a clearinghouse under one, each

agency would like to be everything, but, in fact, the DEA doesn't do treatment. They do a little prevention but they're not the main prevention agencies, and we've got to figure out from the clearinghouse where our clearinghouse should be. That ought to be part of our meth house because you're right, everybody is reinventing the trail to kind of intermittently stopping—Portland, in this case the reporter Steve Suo is doing the best research job in the country, and you want to learn about meth, look on their home page and get their information. He's going to win a Pulitzer Prize or something for his research, and we cycle into him, other guys have cycled information, so he's become kind of a repository, but it's backward when a newspaper is the primary source of information right now on information on meth, that also each Partnership for a Drug-Free America has told each Congressman, told me that they'll provide each Congressman with any ads they want for their district for free, that they have the best ad agency in the country that cuts these ads. They don't necessarily appeal to me. I asked some of my staff that's younger, what's the point of this ad? They said, well, that was gross. It just looked stupid to me, but the goal is to try to reach the target market and younger people, not me, at least at this point I haven't been too tempted. Sometimes politics makes you look for avenues, but not meth. So we get those, because we can get those up on the air. We're trying to figure out how to get our National Ad Campaign to move a little bit more toward meth. So we'll certainly address the clearinghouse question. We need the meth bill in, and you can be assured that no national bill will preempt State and local tougher laws. We'll guarantee that.

I want to give you a warning. Our committee held a hearing in Arkansas, had Oklahoma people over. Oklahoma has been—it's been misleading about the success in Oklahoma. They're touting it a lot, but it merely finds other routes, and, for example, the mom-and-pop person uses—I know Congressman Newton has been a leader in this. Again, the pharmacy is going to go to the Internet, and that's going to be tougher to find, because you can get the amount of dosages over the Internet, just like a grocery store, and that what we have to do is get it out at the wholesale level and the border level because we can watch it there, who is buying what, where is it moving, if it's not the Canadian border it's coming from the south border, but you can get the Internet over Canada and Mexico, and what we're doing is we're making it harder to find to some degree and find it less short term.

In Arkansas—I want to make sure I get this question in. All the law enforcement people, Sheriff Amazi, Sheriff Gerhardt, Lieutenant Hoffman, do you report your lab figures to EPIC?

Ms. AMAZI. Yes.

Mr. GERHARDT. Yes.

Mr. HOFFMAN. Yes.

Mr. SOUDER. Because part of that—do you know, Mr. Ogden, does anybody keep data like what Ms. Gaertner was saying in the child enforcement and—I'm trying to match how—because this is certainly the worst big city that we've heard yet, a little in Detroit, a little in New Orleans, Portland is getting it some in the city but mostly outside the city, but I'm trying to match why their lab total is so low if three of the rural counties are, in fact, reporting EPIC.

It's not even—in one area of Louisiana alone that—well, in Arkansas they're reporting 700, but they're over 2,000.

Mr. OGDEN. Right.

Mr. SOUDER. What's the disparity?

Mr. OGDEN. As I understand it, there is a disparity in the numbers and DEA personally tracks the amount of times we respond for toxic cleanup, so that's one group of numbers, and those numbers are maintained by DEA. We have to keep track of the amount of money that we spend. So every time we contact the contractor to respond to a scene and cleanup, we have firm numbers with regard to that issue. But, then, sometimes there are labs that are identified and DEA is not involved in the cleanup. Maybe it's glassware or precursor chemicals that are seized, and those occurrences are reported directly by the local law enforcement agencies to EPIC without DEA being in the middle necessarily. That's why there's a difference in the numbers.

Mr. SOUDER. But this is an EPIC number, the total was 192 in 2004?

Mr. OGDEN. For.

Mr. SOUDER. On page 3, you have chemical, glass, equipment, dumpsites, labs, 192. Is that an EPIC number for Minnesota? Yeah, it looks like it is.

Mr. OGDEN. Let me ask Dennis.

Mr. Wischern. I believe it is, sir. As Mr. Ogden stated the EPIC system, that you're aware, is a voluntary system, and that's one of the challenges we face.

Mr. SOUDER. Could you do a double check for me?

Because we're having a terrible time matching up numbers in reporting, but each of these three counties said they report through. Could you check for our records because it would just be a matter of calling EPIC. If you need us to call EPIC, we will. Could you report back through and see what figures they have for their counties and try to match that up and also see what you're seeing for Ramsey County?

Ms. Gaertner, in Ramsey County do you sense that most of those are mom-and-pop labs or are you getting—when we say it's 70/30 or 80/20, the stuff that comes through the Mexican groups is more potent and cheaper and more addictive even than mom-and-pop, is that what you're seeing mostly in Ramsey? Because that wouldn't show up in the lab reports.

Ms. GAERTNER. Mr. Chair, the last year that I have figures for is 2003, and we had 17 meth labs busted, half of which were in St. Paul and the other half in the suburbs. When you consider only 17 meth labs were busted and we had 300 drug charges that same year, obviously, it's not all coming from the mom-and-pop labs. My sense is that it is very much dominated by the super labs.

Mr. SOUDER. Because that's part of what we're trying to figure out is we have a rural problem and a suburban/urban problem, but even in the rural areas we're starting to see the super lab type things. It's a fascinating challenge because my district reported, just in my congressional district it's over 400 mini labs. I have some counties that have reported more into EPIC than you have statewide, and that's what I was trying to figure out how to match

up. Like I say we have towns—in one town in Arkansas 90 percent are addicted, in the town.

Ms. ROSEN. Thank you, Mr. Chair. I just wanted to say that perhaps you have three counties here that are doing the proper thing, but there are so many counties in Minnesota that the EPIC regulations paperwork is too much. You only have maybe a sheriff, maybe an assistant sheriff, and they're tired when 80 percent of their resources are going to busting labs. They know of labs out there they can't even get to it, and, then, on top of filling out these forms for EPIC, it's just a little bit too much. So I'm not even sure if the reporting, that information from EPIC is accurate on that.

Mr. SOUDER. I'm sure it isn't. The question is is it disproportionately inaccurate. In other words, we heard of the same thing in Arkansas where they're reporting 700, but we've identified just in a couple of districts 2,100, and in our State we're reporting, I think, 1,100, but we've identified 3,000 that the police have taken down, and the question is is one State disproportionate? We know there's under reporting, but if some of you are reporting then we need proportionality, and we're also trying to figure out what's the difference in the intensity of mom-and-pop labs versus the bigger systems.

I want to make sure that—let's see if there was another—this—we first started to deal with child endangerment in California about 6 years ago when they passed the laws. Did you put a child endangerment provision in your State law that you could be—if you had a mom-and-pop lab and there were children present there would be penalties for child endangerment?

Ms. ROSEN. Mr. Chair, yes, sir. It's a very extensive child endangerment—any methamphetamine paraphernalia is in the vicinity, is in an apartment building, it's quite extensive, and Minnesota Meth Lab developed this bill, which includes Department of Health, the BCA, the Department of Human Services, the Attorney General's Office, the county attorneys, the retailers, the sheriffs, the chiefs. It's probably everybody that is dealing with meth is at a table, at one table at a time. So those provisions in the bill were developed by the Attorney General's Office.

Mr. SOUDER. Thank you. Mr. Gutknecht.

Mr. GUTKNECHT. Thank you, Mr. Chairman. Let me, first of all, thank Senator Rosen because in many respects you have been a mentor to me on this issue, and I felt kind of foolish when I went to some of the small towns in my district and really got my eyes opened in terms of the problems that were out there, and that was several years ago.

I want to ask you, though, not just as a State senator, but as a mother, and your sheriffs here talking about an after school program, tell me more about that and how it's working and how we can perhaps—see, I believe success leads to success, and if you have some programs you're working, one of the functions we can have in Federal Government is to encourage more people to follow that model.

Can you tell us a little more about the after school program and what's going on in Fairmont, MN?

Ms. ROSEN. Thank you, Mr. Chair and Congressman Gutknecht. I can probably defer to the sheriff, but I can say as a mother and

as somebody that's been working on meth, that this education portion of this insidious problem is very key, especially in the schools, because this drug is not hitting the children that perhaps did—were smoking a little cigarette, did some drinking and then pot and then meth. It's hitting our kids that are the straight A students or the athletes and they happen to go to a party and make a couple mistakes and they try meth, and pretty soon they always want that same high.

So I am gearing up—in fact, we are having a Minnesota Meth Task Force meeting this afternoon to look at the issues that we need to deal with next year, and this will be one of the top ones, is how are we going to get to our children. Because of this Mexican meth that's coming in, they're the most vulnerable, and we absolutely have to get education programs into them and tell them they can't make that one—they can't just try pot—or meth just once, like they tried pot. There is no room for error or experimentation in this drug. So the after school program is one more tool that we have to make sure that we can reach these kids and give them an alternative, and if I can defer to the fine sheriff.

Mr. GERHARDT. Yes. In all fairness Senator Rosen, while she's been up here in the legislature, our wheels have still been turning back in Martin County, and one of my goals in coming up here is to invite her to the next meeting on July 28th with regard to this program, so—this program is unusual. We don't think there's anyone—any program like it, certainly in the State of Minnesota. I don't know about across the country. It basically covers 3 to 8 p.m. A lot of these students don't get their homework done. A lot of these students don't get fed. A lot of these students don't have recreation time and, quite frankly, the majority of these students need vocational skills, and that's why the doctoral candidate portion that's involved in this program, we think, is highly critical.

If you could think of it in terms of students from ages 10 to 18, which is what this program that we're looking at hopefully starting this fall, targeting that group, it takes them off the street during those critical hours. We feel there's going to be a reduction in teen pregnancy. Obviously, less chance for them to get involved. Hopefully, a lower call for service rate for local law enforcement, all of these things because this program will be coming into play, and, like I said, two-thirds—we're two-thirds of the way there, and we want to drive this thing home and be ready to operate yet this fall.

So we're working on the funding piece right now, and then, of course, we got family therapy, we got individual therapy, and my experience has been not only working through kinship and mentoring, which I happen to be a mentor myself, but also working on funding grants.

These kids are hungry, constantly. They just don't get fed, and it's very hard to learn. You know, we've got our Federal programs for breakfast and for the hot meals at lunch and all those other things, and they're just starved, they really, really are starving.

Mr. GUTKNECHT. Sheriff Amazi, I want to congratulate you and thank you as well, because you have sort of been a mentor to me as well, in fact, on a couple of things.

First of all, I think you were the first one to alert me of the problem of Mexican drugs coming into this country, and it strikes me—

I think it was like 2 weeks after you had communicated with us about this problem that there were, I think, four individuals that were arrested traveling north on Interstate 35 with a trunk load of meth. I mean, the irony could not have been more stark.

Could you also—and I just have a limited amount of time left, could you relate to the rest of the members of the committee what happened where one of the pharmacies in Austin actually tipped off some people, whether it was you or I'm not sure how that—you tell the story of what happened where literally a retailer let you know that the people were out there trying to buy an awful lot of this particular drug.

Ms. AMAZI. And that actually happens frequently, Congressman Gutknecht. It was Target Stores. They've got an excellent security system, and they did alert law enforcement, and they were able to zoom in on license plates, vehicle description, suspect information and did relate that to law enforcement that, hey, these folks bought hundreds of pills of pseudoephedrine and some of the photo batteries, and this is the vehicle that they're driving in. I mean, it was absolutely excellent information. We couldn't have gotten better from law enforcement, much less a retailer, but we were able to stop that meth lab before it produced.

So I think that's almost always key, stopping these things before they're being made, which is why we sought the legislation to control pseudoephedrine products. So, I mean, this continues and it is—it does go on every day, that we do get calls from retailers saying, hey, heads up, and now we've got one more tool in our basket that allows us to do that.

Mr. GUTKNECHT. I think the message there, and my time has expired, is that everybody can be part of the solution.

Ms. AMAZI. Yes.

Mr. GUTKNECHT. This is not—it's not the Federal Government has to do this or nothing is going to happen. I think it's got to be local, it's got to be schools, it's got to be parents, it's got to be people in the churches and communities, and it's got to be retailers, but I think you have—there's some great examples of things that are happening. Unfortunately, we don't have enough time to tell all the stories, but I think the story of the Target Store, the after school programs and some of the other things that are happening in southern Minnesota are things that I think we need to see replicated and talked about around the rest of the country.

Mr. SOUDER. Thanks, and let me reiterate that to the degree you can get printed materials to us so we can assemble them and look at them in the next 7 days will be very helpful, any of these examples. Ms. McCollum.

Ms. MCCOLLUM. Thank you, Mr. Chair. I appreciate what you're saying about trying to get the numbers so that when you're making the case for us on the floor, which you will do eloquently, that we don't have confusion not only in the press about what's going on but confusion among legislators about how serious this problem is, so I think you're trying to get to the bottom of the numbers, as what you're trying to do is critical.

I also think we need to start pulling the costs together. Just—I lost track of it just sitting here, just the number of meth clean-ups, the number of months to years that people have to be in treat-

ment. All these costs aren't realized in totality because they're all in different segments, different units of Government, local, State, county and Federal, and so we need to figure out, I think, also a way to really get our arms around how much this is costing us, because I think it will make others in Congress more aware of what is happening, other people as State legislators around this country more aware of what's going on, because this is porous, this is a balloon, you just move it around, whether it's mom-and-pop to super lab or whatever, and I think you did such a wonderful job of laying that out, but I think the point that the sheriffs made that there are—the amount of paperwork that they're seeing with the cut-backs that they're seeing at local, State and Federal levels, Gang Task Force Funding being cut here in Ramsey County. You can see, Mr. Chair, we're in great need of looking to see what's moving forward.

So I think I would like to offer—I serve on the education and work force committee, along with Congressman Kline, to do what we can to talk to after school people and find out what's happening with their cuts. I know Boys and Girls Clubs here in the Twin Cities are struggling, and they run the 3 to 8 p.m. programs that the sheriff here is talking about. I don't think we have a good sense of what is going on in our communities as some of these priority paradigm shifts have taken place and how they've really affected our children because our children aren't vocally coming up to us saying this is affecting me, and we know that there are parents who are either working too many hours to do that or, unfortunately, they have a parent who just doesn't care, maybe because they have a drug problem.

So I'd like to offer my support on that, but I would like, if I could, to take just a second.

I serve on the International Relations Committee, and we've had hearings on drug trafficking in Afghanistan and what's going on in Columbia, but we really haven't talked about meth in the International Relations Committee, and hearing what I am about these Mexican National drug people, people coming in that are legal aliens, I'm assuming, as well as some that are illegal that are being deported, do you know—and I ask this question to my county attorney and to the DEA, are you folks talking to each other about what's going on in the impact of the cuts to the Gang—COPS program, as well as what's the cuts to the Gang Force Task Programs?

Mr. OGDEN. Yes, ma'am. We in DEA have a very long history of working collaboratively with local and State law enforcement agencies and one of the things the DEA does best is operate task force operations throughout the country, and in this particular State we have about a dozen task force officers who are local and State officers assigned to our office in Minneapolis, and we conduct almost all of our investigations with our local counterparts here, and we work hand in hand, 24 hours a day, 7 days a week with the people who know their backyard the best, and so DEA is not operating in a vacuum, and then we also, because we have offices in 60 countries throughout the world, we work with our counterparts in all the countries where we're represented to try to prevent drugs from entering the United States and to extradite criminals in foreign countries who are bringing drugs into the country.

Ms. MCCOLLUM. Mr. Chair, I don't mean to be rude, but my time is running out and my question is, are we giving you the tools that you need, and maybe you don't want to bite the hand that feeds you because we're sitting up here in the Federal Government, but there are decisions and priorities being made. We have collectively an opportunity to change or redirect that. It sounds to me like we're putting drops of water into trying to fill up a bucket as large as an ocean.

Mr. OGDEN. Right. Certainly any law enforcement official could tell you that the more people we had the more money that we had available we could do more with it. We at DEA certainly welcome the opportunity to have more agents and greater funding so that we could do more, and we could share those additional resources with our partners in this struggle, you know, but we do the best we can with what the money that's made available to us.

I would certainly welcome—you know, in a division that's as large as the Chicago Field Division where we cover five States, we only have about 300 agents and task force officers to cover the size of northern Midwestern States. It's really—when you think about the amount of territory that we cover, we can only do so much. Obviously, we would love to have more agents and more intelligence analysts and, you know, greater funding to conduct the investigations to pay for undercover operations and international wire taps and so forth. So, obviously, we welcome any additional resources.

Ms. MCCOLLUM. If you have time, Mr. Chair.

Ms. GAERTNER. Mr. Chair, Congresswoman McCollum, my impression, to be frank, from the front lines, if you will, as a local law enforcement person is that there hasn't been the emphasis on methamphetamine trafficking commensurate with its threat to our communities, and I guess that's all I can say, is that it has been a fairly recent phenomenon that we've opened up to just how serious meth is. The initial efforts were at the legislative level, the State legislative level to get out the pseudoephedrine sales and that kind of thing, but it is not my sense that this has been dealt with on a national or international level, as I said, commensurate with this front.

Mr. SOUDER. Thank you. Congressman Kennedy.

Mr. KENNEDY. Well, thank all the panelists here for your great testimony. This is a very important issue. I'd like to ask a couple questions.

First of all, we have been fighting for getting more Byrne Grants, more Hot Spots, more COPS funding, but what would be very helpful is to have you give us testimony as to how those programs have been successful. What is the success case that by having the drug task force in your counties, how has that really helped, and if any of the law enforcement folks could just say, here's my best sort of success case with a drug enforcement task force in your county, that would be greatly appreciated.

Ms. AMAZI. I've got a fairly recent one, thank you. It was a gang that came up from California. They were trafficking in glass methamphetamine that was being brought in from Mexico. They were directly bringing it up from California to Lyle, MN, into Austin, MN, and with the help of DEA and the U.S. Attorneys Office, we were able to send those two individuals to Federal prison for 40

years. They successfully probably recruited about 30 to 40 ages 13 to 25-year-olds into methamphetamine use, and once they got them hooked, they, in turn, had them go out and sell the product for them. So being able to shut that group down, many of those children were good kids that were able to be turned around and are now in college and doing very, very well. I have contact with their families repeatedly, and they're all doing very, very well, and that would not have happened had we not had the task force initially and the cooperation of the DEA with the Byrne Grant funding and then the DEA's assistance as well.

Mr. KENNEDY. And exactly how did the task force work in that? Who sort of first identified the people, who apprehended them, how did it all work in coordination?

Ms. AMAZI. Mower County initially identified these subjects, then we recruited Rochester and their gang strike force, and as well as the Byrne Grant money to continue the purchase and the investigation into this drug ring. So we were able to shut them down with all of that working together.

Mr. KENNEDY. Now, Lieutenant Hoffman, you spoke of the fact that if we apprehended someone that was going to be deported that they were back again. Is that because we didn't deport them or is that because once we deported them we had trouble coordinating with the Mexican government to make sure that they lock them up if we can't lock them up.

Mr. HOFFMAN. I believe it's both. Right now it's fairly hard to get somebody deported, at least if we arrest somebody, an illegal immigrant for methamphetamine possession, if they're deported, we see them back in a month to 2 months. That's the problem that we're seeing with immigration.

Mr. KENNEDY. If they are deported.

Mr. HOFFMAN. If they are deported.

Mr. KENNEDY. So we don't have maybe the proper handoff with the Mexican Government, that we're just not sending them there, but we're sending someone that we believe they should be apprehending as we would be if we had apprehended an American in America doing that.

Mr. HOFFMAN. Yes.

Mr. KENNEDY. Also, you know, and I congratulate Senator Rosen for your great work here in the legislature. You know, one of the things we were working on is these Hot Spots funding to make sure that—we never like to lose to Wisconsin or Iowa in football or anything else, or Hot Spots funding, and we're leading that effort with the delegation. Tell us how exactly that's going to really be beneficial here in Minnesota, the success that we had in terms of getting Hot Spots dollars here and how they'll be used.

Ms. ROSEN. Thank you, Mr. Chair, and, Representative Kennedy, and I would like to say that this piece of legislation was bipartisan work. It could not have passed at the level it did without bipartisan work.

The Hot Spots money has been a thorn in my side because I do see what Iowa gets, \$4 million. I do see what Wisconsin gets. For a couple counties they get over a million, and for—actually, it's probably \$2 million, and I probably should get you those figures. I could do that, and we received, I think, \$200,000 last year.

About a year and a half ago Senator Coleman and I had a field hearing in Fergus Falls and one in St. Paul, and one of the DEA special drug agents came in and testified that they are sharing equipment, face masks when they go out.

Now, I'm not sure what's happening this year, but I don't think the funding is there for equipment, for training, and I'm very, very concerned that we aren't getting the level of funding or the needs that we need. Of course, with this legislation it's going to take a bite out of the homegrown labs, but we still need to address the importation, and there is some funding in this legislation for 10 meth agents, BCA agents that will be working specifically for meth. But, still, we have a long ways to go, and I'm very concerned about what it's doing to our employers. They're asking for help. As you can tell, their productivity and their healthcare costs and their retention, it's going down greatly, and they are asking for help so they can train their employees to stop and stay away from meth.

Mr. KENNEDY. Thank you. Well, my time has expired. Thanks all again for your testimony.

Mr. SOUDER. I want to ask a couple quick questions for record.

How many of you here, we've heard some references, could you hold up your hand and I'll identify if you've had a Byrne Grant funding related to any narcotics that worked in your area?

Mr. HOFFMAN. Have or had?

Mr. SOUDER. Have currently, let's start that, so both Sheriffs, and, Lieutenant Hoffman, you've had but you don't currently I take it?

Mr. HOFFMAN. Correct.

Mr. SOUDER. What about, has there been any meth Hot Spot money in Minnesota? You said there was \$200,000, Senator Rosen?

Ms. ROSEN. Mr. Chair, yes, there is, but it's in isolated places. I believe it was Brainerd that received some. So it's very, very little that's been going on.

Mr. SOUDER. Any activity with OCDETF, Organized—well, I'll stick with OCDETF.

Mr. OGDEN. Organized Crime Drug Enforcement Task Force Funding.

Mr. SOUDER. Now, that's under FBI?

Mr. OGDEN. That's under the Department of Justice, and we spend a large amount of money on OCDETF investigations in DEA, and we are starting to have our methamphetamine, major methamphetamine investigations become OCDETF approved so that we can tap into OCDETF money.

So to answer your question is DEA's meth investigations are starting to use OCDETF funding.

Mr. SOUDER. Have you done any of those in Minnesota?

Mr. OGDEN. Not that I'm aware of. I don't know for sure. Yes. Tom is in charge of Minnesota, and he's said, yes, we've used OCDETF money here.

The other thing that we're doing is we're using this Mobile Enforcement Team, the MET team that you may have heard about is going to start focusing on conducting methamphetamine investigations.

In preparing for today, I learned that we did only one meth deployment in Minnesota in the past, and I can actually do some-

thing about that and try to have the MET team start working in Minnesota out of Chicago and have them start working the more significant methamphetamine investigations.

Mr. SOUDER. And, for the record, I know all three of your agents behind you held up their hands when we did the oath, but the gentleman on my right, would you state your name for the record, because you were actually quoted, and the stenographer got a couple comments from you earlier.

Mr. WISCHERN. Yes, sir. My name is Dennis Wischern, ma'am.

Mr. OGDEN. Dennis Wischern is the Assistant Special Agent in Charge in Indiana, and the other gentleman is Thomas Kelly, and he's the Assistant Special Agent in Charge of Minneapolis, and he handles Minnesota and North Dakota.

Mr. SOUDER. Senator Rosen, were you going to say something?

Ms. ROSEN. Mr. Chair, I was just going to mention that I could also provide to you the costs that Commissioner Campion has, costs to pass this bill as far as what it's costing the State of Minnesota for incarceration. We do have those figures.

Mr. SOUDER. Can you provide us for how much OCDETF money has actually been spent in Minnesota?

Mr. OGDEN. Yes, sir. I don't have that immediately available, but I'll get it for you.

Mr. SOUDER. Has anybody—maybe if we can have—if anybody has a more general question. On the precursor chemicals, we've heard a lot about pseudoephedrine. Where are the bulk of the precursor chemicals coming from in Minnesota, anhydrous ammonia, picking them up, try to address that or what do you feel?

Ms. ROSEN. Mr. Chair, of course, the pseudoephedrine is coming from mainly the stores, and we've taken care of that. Of course, we have the Canadian issue that we're dealing with. But as far as the other ingredients that is anhydrous ammonia, and there is no legislation in—or no ruling on this legislation to handle that. There is a penalty for anhydrous ammonia tampering and theft, but nothing as far as restrictions, blocks.

Mr. SOUDER. Any fencing around big units?

Ms. ROSEN. Mr. Chair, no, there is not, and we have not seen red phosphorous coming in yet. I do know that in Iowa they are starting to see some because they have been dealing with anhydrous ammonia, so you handle one issue and they just come in with the other, red phosphorous, and of course, there's some other types of cooks that are being developed right now. But the bill does handle any ingredient for the attempt to manufacture. There's a penalty on that.

Mr. SOUDER. This off the topic, but I want to take this opportunity to ask Mr. Ogden a similar question.

Mr. OGDEN. Yes.

Mr. SOUDER. Last Sunday Congressman Kirk made the statement that Afghan heroin has suddenly hit Chicago. Do you think that's an anomaly, is it standard, or do you see other areas in the Midwest where we're seeing Afghan heroin for the first time?

Mr. OGDEN. Congressman Kirk is very concerned, as you know, about the large harvest of opium in Afghanistan.

Mr. SOUDER. Four times the world.

Mr. OGDEN. We have not seen a large increase in the amount of heroin that's coming from southwest Asia, but that doesn't mean that it won't occur in the near future, and most of the heroin that's coming into the Chicago area is coming through Mexico from South America.

Mr. SOUDER. I want to finish with this if anybody else has a question. I know we have a second panel and I'm trying to get out to vote, that the DEA has a major plus up in this appropriations bill, and one of the things we are dealing with in the legislation is try to address some of the international—there's only five—there is, I think, it's nine manufacturers of pseudoephedrine in the world, five of them in India, two in China, one in Europe and one in Mexico, and we have to go after those major manufacturers. We can take down every little grocery store in the world, but the bottom line is that we have all these nine companies in the entire world, and we need to get a handle on this and we need to figure out—we also have a separate border task force trying to generate the unbelievable complexity of the immigration work force border control type question, but we are trying to address those type of things. Some of this has to have an international component because once it gets past the nine and starts to fan out and go into every little town and big city and apartment complex, it is overwhelming.

I know one other question I wanted to ask particularly in Minnesota, have you seen this hit any of the Native American populations, and, also, we mostly are south and center here, I assume you mentioned Brainerd earlier, it's similar in northern Minnesota?

Ms. ROSEN. Thank you, Mr. Chair. Yes, it has just hammered our Native American population, and it's of great concern, and I mentioned the 13, 14-year old girls in Lower Sioux, that's an Indian reservation over on the west side here, and meth is becoming the new date rape drug, and the people that are working with meth there, there is so much quest to come in and educate the Native Americans. We don't have the resources. People want the information, but they seem to be completely susceptible to this drug, and they are following—they are just—it's devastating in that community. And, like I said, before it is reaching into the African American community, which is truly an anomaly, and that's of great concern.

Mr. SOUDER. Well, thanks. I really appreciate it. Does anybody else have any questions?

Ms. MCCOLLUM. Mr. Chair, I'd like to mention before the second panel comes up, Minnesota Public Radio did a wonderful in-depth story on the mom-and-pop manufacturing, which answers some of your questions, and I'll contact them and get that entered into the record.

Mr. SOUDER. Thank you. The testimony on St. Paul is really scary. Congressman Terry is saying similar things in Omaha, but we have not seen this hit the major urban areas, and, quite frankly, that may be what it takes to really get attention.

Ms. GAERTNER. Can I just briefly respond?

Mr. SOUDER. The Child Protection Agency is just phenomenal.

Ms. GAERTNER. Mr. Chair, members of the committee, I'm very involved in the National District Attorneys Association, and I have

never felt like my urban experience is unusual. It is in my anecdotal way a concern of every county attorney and district attorney in every major jurisdiction across this country. So the fact that we've put together the data perhaps is maybe why you're hearing this, I don't know what other large jurisdictions have, but I'm absolutely convinced that Ramsey is not unique in this respect.

Mr. SOUDER. Thank you. Thank you all for coming, and we appreciate any repertoires you'd get to us as fast as possible.

Will the second panel come forward? The second panel includes Commissioner Michael Campion, Minnesota Department of Public Safety; Mr. Bob Bushman, senior special agent, Minnesota Bureau of Criminal Apprehension, president of Minnesota State Association of Narcotics Investigators, and president of the Minnesota Police and Peace Officers' Association; Mr. Dennis Miller, drug court coordinator, Hennepin County; Ms. Kirsten Lindbloom, social program specialist, Parenting Resource Center, coordinator Mower County Chemical Health Coalition; Mr. Buzz Anderson, president of the Minnesota Retailers Association.

Now that you're all seated, if you can stand and raise your right hands.

[Witnesses sworn.]

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

My understanding was Mr. Campion had a problem, but I want to make sure I called his name and make sure he wasn't here. So we'll start with Mr. Bushman.

STATEMENTS OF BOB BUSHMAN, SPECIAL SENIOR AGENT, MINNESOTA BUREAU OF CRIMINAL APPREHENSION, AND PRESIDENT, MINNESOTA STATE ASSOCIATION OF NARCOTIC INVESTIGATORS; AND PRESIDENT, MINNESOTA POLICE AND PEACE OFFICERS ASSOCIATION, ACCOMPANIED BY GAIL BAEZ, PROSECUTING ATTORNEY, MINNEAPOLIS; DENNIS MILLER, DRUG COURT COORDINATOR, HENNEPIN COUNTY DEPARTMENT OF COMMUNITY CORRECTIONS; KIRSTEN LINDBLOOM, COORDINATOR, MOWER COUNTY CHEMICAL HEALTH COALITION; AND BUZZ ANDERSON, PRESIDENT, MINNESOTA RETAILERS ASSOCIATION

STATEMENT OF BOB BUSHMAN

Mr. BUSHMAN. Thank you, Chairman Souder, and distinguished panel.

I work for Mr. Campion, and I'll just let you know that his flight was delayed coming back from Louisville this morning and won't be back until this afternoon. He does send his regrets and apologies, wishes that he could be here.

I worked narcotics for 23 years, been a State agent, I've also spent many years assigned to the DEA task force, and in that time I've traveled extensively throughout Minnesota doing investigations and also around the United States, and I can tell you during that 23 years I've seen a lot of changes in drug trafficking. I remember back in the late 1980's and early 1990's when the crack epidemic hit. We thought we'd seen the worst of the worst, and I can tell

you now in 2005, that with the way meth has taken off, we haven't, and I'm wondering how much worse this is going to get.

The rural areas have for many years been protected from a lot of the drug problems we've had, and that's not true with meth, and I don't want to go back and plow old ground we've heard testimony about, but having grown up in rural area of Minnesota, having family there, having seen what's happened, it's been just devastating.

The metropolitan areas always have had and always will have narcotics investigators. They'll have people assigned to work drugs. That's hasn't been true and won't always hold true in the rural areas. When the resources get cut, they're the first people to feel the brunt of it.

Congressman Kennedy was asking what a difference the Byrne Grants have made. Before we started getting Byrne Grant money back in the 1980's, we didn't have any drug task forces in any of the rural areas of Minnesota. All of the drug investigators came from the large metropolitan areas, the large counties, DEA and the State.

With the event of the Byrne Grant money, today I believe we have 22 or 23 funded task forces throughout the State, and that really gives the local jurisdictions, the local areas, the rural areas some control and some response to the drug effort.

With the danger of losing Federal funds, the Byrne Grant, the HIDTA money, the COPS grants throughout the country, the rural areas are going to be the ones that are going to take the biggest brunt of that, and I know that you've heard testimony about that, but I can't underscore really, you know, how valuable that Federal funding is when it comes to rural America and their response to be able to handle the problems that they see, particularly with methamphetamine.

Talking about treatment programs, I think, too, we all realize that we can't arrest our way out of the meth problem or any drug problem. As Lieutenant Hoffman said before, it really is a multi-faceted response. You need education, you need treatment, you need law enforcement, and they need to work together.

Treatment for meth is again, a different animal. There are very few programs that successfully treat people with meth addictions. As you've heard, detoxification of a person that's been using meth for a long time takes more than 28 days. It takes several months.

Similarly, sometimes I think people tend to go overboard on treatment. I know one particular person I ran into a while back has been through treatment 16 times, and that cost has been borne not by that person, it's been borne by funds coming from different agencies and different programs that are funded with tax dollars. So we have to strike a balance between the need to treat and the need to incarcerate.

I believe when it comes to methamphetamine there are people out there that are not treatable. They have been doing so much meth for so long, they have done so much damage to themselves, they've done so much damage to their family, they're not treatable. They don't have the physical or the mental capabilities to follow through, and they've ruined their support system, and I think when you talk to people in treatment they'll tell you that having

a support system is a very, very important part of being successful with your treatment. If they've turned away, they've stolen, they've harmed people close to them, the ones that they're going to turn to, they're going to need, aren't there for them, and I don't know how you replace that. You can treat them, teach them what's right and what's wrong, but you can't replace relationships, you can't replace the things that they really need to follow through with the treatment.

You've heard about the Mexican meth problem. In the last 3 years of my career, over half the people that I have arrested have been non-English speaking right here in Minnesota, most of them illegal immigrants.

In many cases we've prosecuted or deported those people. Sometimes between the time they're arrested and they're prosecuted they get deported and they come back with another set of identification using a different name, and that happens all the time, not just in the large cities, it's in the rural areas. We have a very, very large transient population of illegal immigrants living in greater Minnesota and, unfortunately, because of the poor economic conditions in Mexico, drug dealing is easy money, and that's what they use to support their families.

I've heard that one of the second largest parts of the Mexican economy is the amount of American money that comes down there, and a lot of it from Minnesota is coming from drug dealing, and it's another thing that we struggle with. It puts a strain on the courts, it puts a strain on all the resources.

The positives, in Minnesota we have a great working relationship with the U.S. Attorneys Office, with the DEA, a great working relationship among the local sheriffs and local police departments. We work together. We're teaming up to do what we can about methamphetamine. Child Services, the courts, everybody is getting involved, and they're all going to sit here and tell you that we realize what the problem is. What we need from the Federal Government, what we need from you is continued support with the Byrne Grant, with HIDTA, with COPS, with the money coming so we can make our good ideas and success stories work so it works for everybody. Thank you.

[The prepared statement of Mr. Campion follows:]

Methamphetamine Talking Points
Commissioner Michael Campion
Minnesota Department of Public Safety
Monday, June 27, 2005
Hamline University

I'm here to talk to you today about the methamphetamine problem plaguing Minnesota and primarily the affects of methamphetamine proliferation that we're seeing here in Minnesota.

- While there is little doubt that our state's strong economy and proactive anti-meth education efforts have held the onslaught at bay to some degree, we know from the experiences of our neighbors that we must continue to be ever vigilant in preventing the growing influence of methamphetamine from gaining a greater hold on our communities.
- And we are learning more every day as researchers teach us that the effects of this drug are broader and deeper than we had ever imagined — calling for innovative strategies to address methamphetamine use and manufacture.

Nationally, the Mississippi River truly serves as a dividing line for most methamphetamine activity. In 2003, officials discovered more than 16,000 labs nationwide and seized nearly 3,700 kilograms of methamphetamine.

- 72 percent of labs were west of the Mississippi River
- 93 percent of seizures were west of the Mississippi River
- Studies show that about 90 percent of all people treated for meth abuse live in states west of the Mississippi
- 80 percent of all methamphetamine in the United States comes from super labs in Mexico and California. However, the purity of that methamphetamine ranges from 15 percent to 20 percent. Individuals who manufacture meth, often dubbed "cookers" usually only make about an ounce for personal use, but the product is about 85 percent to 95 percent pure.
- In North Dakota, 95 percent of inmates in the women's prison are incarcerated for drug offenses, and 85 percent of those offenses involved methamphetamine.

In Minnesota, federal, state and local officials seized 301 labs in 2003 and encountered more than 500 labs and other meth-related events, including chemical dumps and thefts of items, such as anhydrous ammonia, used in cooking meth.

- 75 percent of the labs were located in rural and semi-rural areas.
- While clandestine methamphetamine labs represent only 20 percent of the overall meth problem, the purity of drug produced in those labs ranges between 85 percent and 95 percent, compared to super-lab manufactured methamphetamine.

- Crystal meth, being used among Minnesota's teens, is nearly 100 percent pure.
- Nearly all of Minnesota's mass homicides in recent years have been meth-related incidents.
- In rural counties, between 50 percent and 100 percent of jail bookings involve methamphetamine. In Itasca County alone, 94 percent of all people who come into the county jail have meth on them or in them.

Methamphetamine is unlike any other drug — addiction comes faster, highs last longer, and the physical and mental impacts come faster and with greater magnitude.

- The detoxification process for methamphetamine can last up to two weeks. Alcohol detoxification can happen overnight, and cocaine and heroin detox lasts up to 72 hours.
- Community corrections officials report that they're seeing a rash of kids using crystal meth, who are psychotic and sick, and end up locked in a psychiatric ward for two weeks until they have detoxified.

Because of the rural nature of Minnesota's methamphetamine manufacturing problem, it is particularly difficult to detect and control. And the volatile environment created by meth cooking creates significant risks to the individuals involved, their children, the first responders, and potentially their neighbors.

- Most "cookers" produce only an ounce or less of meth each time they make it.
- The average cooker teaches nine other people how to make meth before they're caught.
- On average, cookers make a batch every 39 to 42 hours — or every 1-2 days.
- The average cooker has 15 minor unreported fires and five major unreported fires associated with meth manufacturing before they get caught.
- Officials estimate that cleaning up a lab can cost anywhere from \$3,000 to \$8,000 apiece — and that only includes initial hazardous material mitigation. HazMat protective gear necessary for first responders run \$150 to \$200 and they must be thrown away after one use.
- Meth manufacturers are constantly on the move, setting up labs in their homes, vehicles, and anywhere they can cook the drug undetected. It's not uncommon for cookers to break into an old farmhouse, hunting shack, or trailer, cook up a batch, and then throw a match down to destroy any evidence they were there.

When caught, it's common for meth users to have a mouth full of rotten teeth, respiratory problems, sexually transmitted diseases such as Hepatitis C and HIV, sores from picking at their skin, and severe mental illness.

- Users exhibit depression, aggression, psychosis, and paranoia. In one case, a user told an agent that she and her companions would crawl around the house all the

time because they were convinced that the police, perched in nearby trees or on neighboring roofs, were watching them.

- In another case, a 15-year addict, who began using at age 12 or 13 had a child taken away from her at 20, a stroke at 25, and at nearly 30, she is partially blind.
- Other health-related effects include anxiety, severe weight loss, damage to the central nervous system, heart damage, hallucinations, violent mood swings and suicidal tendencies, depression, and intense drug craving.

Typically, methamphetamine users start taking it for practical reasons — to lose a few pounds or to improve their alertness. But users become addicted quickly, and the subsequent affects can be completely disabling in a short amount of time.

- Serious high-end users may need to be housed somewhere for three to nine months before treatment will even be useful for them.
- It takes between 30 and 90 days for full medical detoxification — where addicts' sleeping and eating patterns are regulated, they have their teeth repaired and their medication regulated.
- The Fergus Falls Regional Treatment center has developed a meth detox unit that provides space for medical detoxification at an affordable rate so health professionals can spend the time preparing an individual for treatment.
- Minnesota treatment philosophies dictate that parents with children younger than age 8 have six months to obtain treatment and a year with children older than 8. These paradigms will not work, when many addicts are even ready for treatment for six months after they discontinue use and exposure to meth.

Nonetheless, children who live with methamphetamine addiction and manufacturing are also exposed to the drugs affects both directly and indirectly.

- Small children exhibit respiratory problems following exposure to methamphetamine.
- Children in lab environments alternately face neglect and violence at the hands of their parents and individuals in the household.
- Because sexual activity has such a strong link to methamphetamine use, many children are witnessing and sometimes being involved in sexual activity.
- Professionals have anecdotal evidence of young girls trading sex for meth.
- Large amounts of pornography are recovered in most meth labs.
- Children may be poisoned when their parents give them over-the-counter medications to get them to sleep while they are using or manufacturing meth.
- One study in Colorado showed that about 90 percent of children involved in lab takedowns rely on inhalers following their removal from the environment.
- Anecdotal evidence shows that some children already have inhalers when they are removed from a manufacturing environment — inhalers which also need to be detoxified.

- Women who use meth while pregnant have poor pre-natal care and themselves exhibit malnourishment and general poor health.
- Babies born to meth-addicted women are smaller and exhibit two times the serious birth defects as crack-addicted babies. However, it's difficult to point to meth as the only source of the defects, because meth abuse is also associated with poor pre-natal care, as well as alcohol and other drug use.
- Birth defects include cardio-vascular problems, neurological problems, intestinal maladies, malformation of extremities, clefting, and low birth weight.
- Children born to meth-addicted women may also develop attachment-related disorders.
- Even when manufacturing is not present in the environment, prolonged use of methamphetamine is likely to lead to abusive and violent behavior eventually.

Though the products used to make methamphetamine and the manufacturing process create significant dangers in meth labs, the methamphetamine itself in those environments poses an even greater risk than originally thought.

- A study by the National Jewish Research Center in Denver discovered that the actual methamphetamine itself, in its different chemical forms, lingers in the place where it's been manufactured longer and has a greater effect than previously understood.
- Methamphetamine hangs in solution in the air for 200 minutes — three-and-a-half hours, after manufacturing stops. Therefore, when police are responding and after an hour or so, they open the windows, take off their masks, and sit at the kitchen table to do paperwork, they are still being exposed to active levels of meth.
- The effects may linger in the home for months or even years — studies as to the actual duration are unavailable. In one instance, a HUD property was left vacant for 18 months and when a young family moved in, they developed respiratory problems. A common cleaning, without flushing the plumbing and decontaminating the ductwork, will not take care of the problems.
- We know how acute exposure affects individuals, but damage from exposure over time has not been sufficiently evaluated.
- More research is necessary, but methamphetamine creates a lot of potential for harm, and cleanup of homes and vehicles is critical.
- Unless an active lab operation is detected in a home, it may not be obvious that it has been used for manufacturing methamphetamine, because the end product has no odor and leaves few if any visible clues.

Minnesota's strong county-based response to these issues is essential as the state moves forward to combat the proliferation of methamphetamine. But they also need a few more tools to respond more effectively.

- So far, 33 Minnesota counties have developed clean-up ordinances.
- About 40 Minnesota counties have active methamphetamine task forces.
- It's essential for communities to have the ability through these kinds of tools to tailor their responses to available resources.
- Human services and mental health professionals need more advance protocols for handling treatment of addicts and evaluating children raised in the environments. It's important to be able to take a comparative look at normal stages of child development and the behavior of these children so that they can be properly cared for while they're still in the system.
- Additional research is necessary regarding remediation strategies, particularly in relation to the long-term effects of methamphetamine exposure.

In closing, it's essential to remember that the real victims of methamphetamine are people, children, neighbors, and the community at-large. It's very easy to describe all addicts in the same terms and lump their children all into the same category.

- All users are not the same.
- Users at different stages of addiction exhibit different behaviors and those behaviors are not predictable.
- Responses necessary to resolve these problems are as varied as the people and communities affected.

This is not a lost cause. We have a number of solutions at our disposal, and though the road may be difficult, methamphetamine addiction is absolutely treatable. There isn't any one part of this problem that we can't address in some constructive manner. What's most important is that we address this issue with our eyes open, ready to look for the early signs where intervention can still make a difference, all the while equipping our first responders and health professionals with the tools and protocols they need to stop this drug from ruining any more lives.

Sources: Drug Enforcement Administration, U.S. Department of Justice; Minnesota Department of Health; Minnesota Bureau of Criminal Apprehension, Minnesota Department of Public Safety; National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services.

Mr. SOUDER. Thank you. Mr. Miller.

STATEMENT OF DENNIS MILLER

Mr. MILLER. Thank you, Mr. Chairman, other members of the committee.

I appreciate being here today on behalf of the Hennepin County Drug Court, and I'd like to think I'm here on behalf of the other 12 drug courts that exist here in the State of Minnesota. There is a drug court in each one of the districts of the Congress people represented here on the committee. So I think it's really a wonderful accomplishment that we should be represented in each one of those districts with at least one drug court.

We are the largest drug court in the Nation. Hennepin County Drug Court targets all felony drug offenders. As you all know, most drug courts target nonviolent addicts. In Minneapolis, all felony drug offenders find their way into the Hennepin County Drug Court, 1,517 people or cases were charged in our drug court last year, in 2004.

I just want to call your attention to some statistics regarding methamphetamine as it relates to this population. For the first time in 2004, the number of felony prosecutions for methamphetamine cases outnumbered marijuana prosecutions. In 2004, I mentioned there were 1,517 felony drug cases in Hennepin County; 909 were for cocaine, 212 for methamphetamine, 178 for marijuana, 66 for illegal use of prescription drugs, 40 for heroin, and 112 other, and so for the first time in 2004, just know that methamphetamine is exceeding the number of felony marijuana charges.

Methamphetamine was involved in 13.97 percent of all Hennepin County felony drug cases in 2004. In 2003, methamphetamine was involved in 11 percent, and I remember in 2000 it was less than 3 percent. So recognize this steady and growing increase of the incidence of methamphetamine as it relates to felony drug cases in Minneapolis and in Hennepin County.

It's estimated that methamphetamine is the primary drug of choice, underlying 20 percent of our referrals to treatment. We have a fine system for helping to pay for treatment services in Minnesota known as the Consolidated Fund, and we have chemical health assessors available in our court who help tease out whether or not there's a problem with addiction and chemical dependency. In 20 percent of all those assessments, methamphetamine is the underlying drug of choice.

For women in drug court, however, 50 percent of them have as their primary drug of choice and, hence, the underlying reason for the treatment referral their relationship with methamphetamine, their involvement with the use of this particular drug.

The utilization of inpatient treatment, extended care treatment and residential treatment is sharply increasing in response to this particular addiction. We have long had a propensity, primarily fiscal-driven propensity to use intensive outpatient programs in response to addiction, but with this particular drug more and more and more of the initial assessments are resulting in a residential or inpatient or extended care referral.

It's also interesting that we're using detention to the point that was made many times earlier this morning as a treatment readi-

ness strategy. Like others at the table, I was involved when crack cocaine hit the Twin Cities and hit Minnesota, and I do recall how we panicked. But I never—we never thought that we needed necessarily to use detention as a way to set the stage for intervening in the lives of cocaine addicts. With this drug, I cannot tell you how often I hear that recommendation coming from a chemical health expert that the patient needs to be set with a protracted period of incarceration. In the past it was to get their attention, and that could mean a variety of things, but with this particular drug it's just to restore that cognitive functioning, because treatment is all about learning and education, and in order for us to effectively treat methamphetamine addiction, we need to help restore some of the lost cognitive abilities, and this drug is, as you know, famous for that.

It's also the only illegal drug that we deal with in the Hennepin County Court that causes mental illness, and so to that end we're dealing with co-occurring disorders with greater regularity. Many of our partners are now sharpening their ability to deal with mental illness and we're adding partners who know their way around that issue and can help us not only resolve the underlying addiction but the accompanying mental health problems.

Just let me point out to you that we did some drug testing research in the Hennepin Drug Court in 1999. We do extensive urine testing, as does every drug court across the country. We took a month and during that period we determined that less than a half of a percent, 0.30, were positive for methamphetamine. This is every urine sample that comes in the lab. We did that again in 2004, and it was 3.67 percent, and increase of 1,500 percent. So we know that the incidence, the likelihood that criminal justice participants, drug court participants are involved in this drug is growing exponentially.

In drug court, methamphetamine continues to be a drug that's used primarily by Asian, Hispanic and Caucasian clients. To the point that was made earlier today, young African Americans are using this drug. We're finding that to be more and more a common part of their drug history.

We're here, I'm here today to say that I think as we think about addressing the problem of methamphetamine I think drug courts can and are helping. All of the 13 drug courts in Minnesota are dealing with methamphetamine addiction, with methamphetamine involved clients. I'm aware that there was a county here in Minnesota recently considering, strongly considering building a new jail. The consultant said as a frontline response you need to build a drug court. You need a drug court to deal with that growing drug problem in that jurisdiction.

I know that there is lots of empirical research that supports that methamphetamine addiction and drug courts are good partners, that, in fact, it is a strategy that can be extremely helpful to this Nation and to our local communities in helping address the problems you related to methamphetamine.

With that, I'd like to thank you, Mr. Chair, and other members of the committee. I appreciate the invitation to be here.

[The prepared statement of Mr. Miller follows:]

**Methamphetamine Impact
Hennepin County Drug Court**

- **For the first time in 2004, the number of felony filings/prosecutions for methamphetamine cases outnumbered felony marijuana cases.**
- **In 2004, there were 1517 felony drug cases charged in Hennepin County: 909 cocaine, 212 methamphetamine, 178 marijuana, 66 perscription drugs, 40 heroin and 112 other. See attached Breakdown by Drug Type (Charged).**
- **Methamphetamine was involved in (13.97 percent) of all Hennepin County felony drug cases in 2004. Statewide, methamphetamine was involved in (14 percent) of all felony cases in 2004. In 2003, methamphetamine was involved in (11 percent) of felony drug cases in Hennepin County.**
- **It is estimated that methamphetamine is the primary drug of choice underlying (20 percent) of all Rule 25 treatment referrals made in the Hennepin County Drug Court. For women in Drug Court, it is estimated that over (50 percent) of treatment referrals stem from methamphetamine use. The utilization of in-patient, residential, and extended care is increasing because of methamphetamine addiction. Recommendations for the use of detention as a precursor to treatment of methamphetamine addiction are also on the increase.**
- **Drug testing research conducted in the Hennepin County Drug Court in September of 1999, revealed that (0.30 percent) of all urine samples collected by**

Adult Probation were positive for methamphetamine. Similar research in June of 2004, showed (3.67 percent) were positive for methamphetamine, an increase of over (1,500 percent).

- **In Drug Court, methamphetamine use continues to be most prevalent among Caucasian, Asian and Hispanic clients. Growing numbers of African American clients report methamphetamine use in their drug histories.**



HENNEPIN COUNTY DRUG COURT
MINNEAPOLIS, MINNESOTA
Program Summary

The Hennepin County Drug Court began operations on January 6, 1997. Drug Court was a response to a growing concern regarding the impact of drugs on criminal activity within Hennepin County. The planning process was conducted over a two-year period under the auspices of the Hennepin County Drug Court Steering Committee. The committee is comprised of representatives from the criminal justice system and the treatment community as well as citizen/community participation. The implementation process was also coordinated and overseen by the Steering Committee.

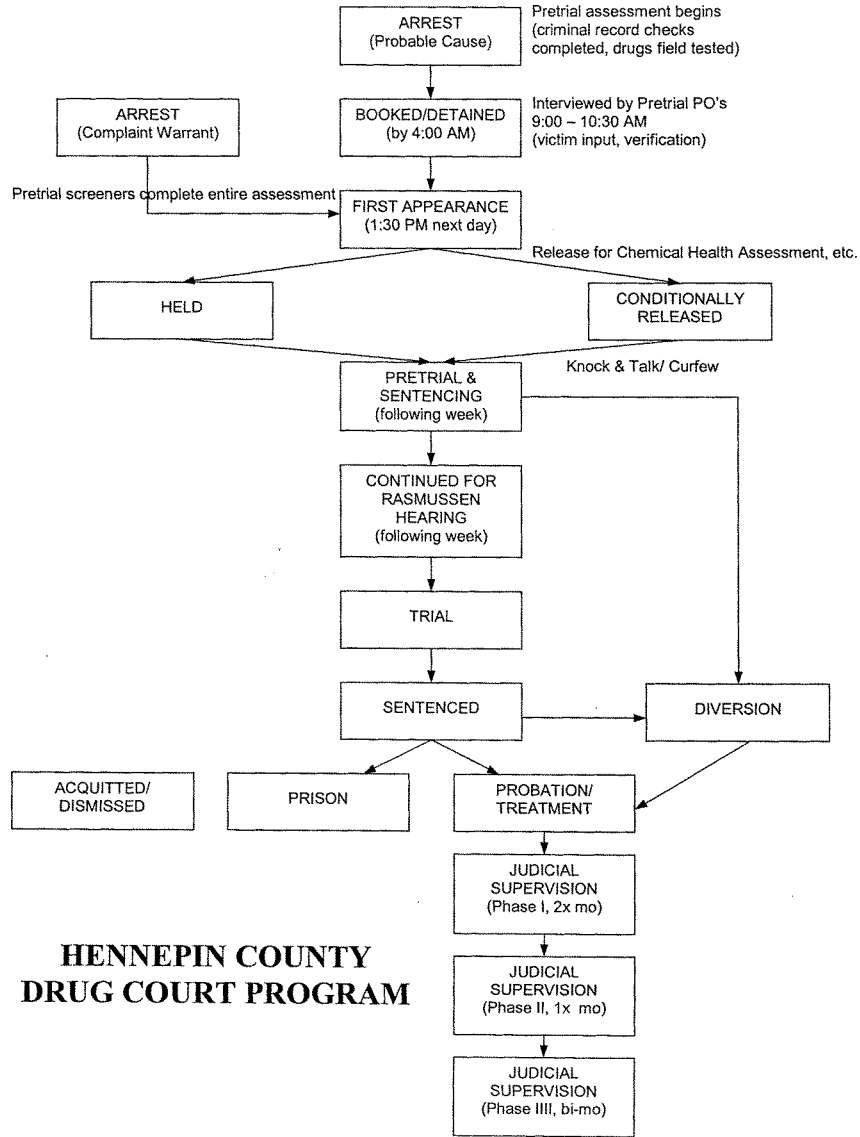
The Drug Court targets all individuals arrested on felony drug charges. In Minnesota, these charges are primarily reflected in Controlled Substance Crimes Fifth through First degree with First degree being the most serious. In addition to targeting all felony drug offenses, a decision was made for the Drug Court to deal with appropriate companion charges the individual may have. A primary feature of Drug Court is rapid intervention. Individuals often appear before a Judge in Drug Court on the same day or the day after arrest. Contemporaneous with the rapid appearance in court is a chemical health assessment and drug test with immediate results and, if appropriate a treatment placement. It is not uncommon for Drug Court clients to begin treatment the evening after their arrest.

Individuals appearing in Drug Court are frequently granted a conditional release without bail. The conditions of release may incorporate nighttime curfew, geographic restrictions, and participation in drug testing and treatment. Drug Court has negotiated a cooperative relationship known as "Knock and Talk," with the Minneapolis Police Department and suburban law enforcement agencies to verify individuals address/living arrangements and curfew compliance. A second Drug Court appearance occurs within two weeks after the preliminary appearance. While additional appearances may be granted to resolve legal issues, the goal of bringing the case to resolution is preeminent. Specifically, the goal is to resolve cases within 90 days. The Drug Court has a third judge assigned to handle trial requests in an expeditious manner. In disposing of cases, Drug Court uses all the remedies available to a sentencing Judge in Hennepin County. These include Diversion; Continued for Dismissal; 152.18 Dispositions; Stay of Imposition; Stay of Execution; and finally, Commitment to the Commissioner of Corrections.

For Drug Court defendants not committed to the state prison system, probation conditions often include the requirement of community work service, payment of fines and/or fees, time in the Hennepin County Adult Corrections Facility and very frequently licensed chemical dependency treatment or participation in a cognitive behavioral group program. Once the case has been disposed of, Drug Court defendants continue to return to court for judicial supervision of their progress on a twice-monthly basis for the first ninety days and less frequently during latter phases of involvement. At these judicial supervision hearings, the Judge is able to apply graduated sanctions and incentives. Frequently, Drug Court assumes the supervision of pre-existing probation cases as part of the Drug Court disposition. Also, implied in the Drug Court goal of rapid engagement, is a rapid response to violations. Drug Court issues Bench Warrants for violations of pretrial release conditions and violations of supervision conditions. Additionally,

Individuals under Drug Court supervision who are arrested for new offenses, are held in detention pending review by Drug Court for violation their Drug Court contract or order.

The Drug Court program initially used one Judge, however, due to the large volume of cases and concomitant judicial supervision/review hearings, additional judicial resources were allocated. Presently, three full- time Judges are assigned to the Drug Court project. Drug Court has handled over 10,000 cases since it's inception in 1997.



**HENNEPIN COUNTY
DRUG COURT PROGRAM**



Peter Cahill/CA/Hennepin
06/21/2005 11:37 AM

To Dennis D Miller/CC/Hennepin@Hennepin
cc
bcc
Subject

	MONTH	TOTAL 04
TOTAL 03		
Breakdown by Drug Type (Charged)		
5	Amphetamine	0
		5
703	Cocaine Base/Crack	41
		646
20	Cocaine Powder	2
		8
216	Cocaine - Type Not Specified	22
		255
0	GHB\GBL	0
		0
0	Hallucinogen	0
		0
0	Hashish	0
		0
53	Heroin	2
		40
N/A	Hydrocodone	0
		5
23	Khat	2
		16
1	LSD	0
		0
234	Marijuana	10
		178
18	MDMA	2
		31
173	Methamphetamine	15
		212
3	Opium or Derivative	0
		5
70	Other Prescription Drug	1
		54
N/A	Oxycontin	0
		12

64

0	PCP	0	1	
3	Psilocybin Mushrooms	0	5	
0	Quaaludes	0	0	
17	Simulated	2	21	
4	Steroid	0	2	
7	Valium	0	3	
13	Vicoden	0	17	
	Non Drug Case (receiving and concealing)	1		
	TOTALS	100	1517*	1565

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Mr. SOUDER. Thank you. Ms. Lindbloom.

STATEMENT OF KIRSTEN LINDBLOOM

Ms. LINDBLOOM. Thank you, Mr. Chairman, and members of the committee.

My name is Kirsten Lindbloom, and I am Social Program Specialist with Parenting Resource Center in Austin, MN, and as part of my work I coordinate the Mower County Chemical Health Coalition. We are a Drug-Free Community support program grantee and have been since 1998.

After a fatal meth-related explosion in 2001, the Mower County Chemical Health Coalition added in its mission to respond quickly to community issues related to alcohol, tobacco and other drugs started what has become a 5-year effort to fight Mower County's meth problem using multiple strategies and multiple sectors.

In August 2001, the coalition formed a task force to respond to the issue, and that task force has developed a strategic plan, which includes community education, community media campaign and policy change. Over the years this task force has evolved and changed and is currently the Austin Area Meth Task Force, which is chaired by the city of Austin Mayor Bonnie Reitz.

As a community, we've made a commitment to fight our meth problem by creating solutions. Our community education efforts have included community action meetings, our local experts including Terese Amazi, Sheriff Amazi, have spoken to groups, including our youth areas—youth groups, area schools, as well as for those that are in people's homes, so our utility workers, our social workers to do education about the dangers of meth labs specifically.

As a result, parent support groups have been formed, and we've recently launched a new anonymous tip line called—uniquely called Meth Busters, actually. We've also been aggressive with our media campaign, a community-based media campaign, including newspaper columns, print media, television, documentaries have been created, and we just launched our Extreme Meth Makeover Campaign, which has been taken from—likens to an ad that I saw coming out of Wyoming, and we've taken it and have expanded on that.

In the area of meth-related policy, Austin and Mower County led the way. In 2002, Representative Jeff Anderson attended this task force meeting and as a result responded with Minnesota's first precursor legislation, which happened in 2003. In 2004, Mower County followed the suit of many counties doing their official cleanup ordinance. In September 2004, the city of Austin took that bold step and became the first city to regulate the sale of pseudoephedrine products. Mower County followed shortly after and, of course, the State has followed.

The key to these efforts has been collaboration. No one entity can achieve these outcomes alone. Aggressive law enforcement, treatment prevention efforts through community partners, and commitment of elected officials have and will continue to impact the efforts to battle meth, as well as other drugs impacting our communities.

I've been asked to share about the impact of Drug-Free Community dollars on our communities. As I said, we're in the 7th year

of funding with that. The funding received from Drug-Free Communities has been the financial backbone of the Mower County Chemical Health Coalition. Drug-free dollars primarily support the coordination of the coalition and its efforts. As a result, this hundred thousand dollar investment in our community leverages an additional \$250,000 annually in support for coalition activities and initiatives. Drug-free funding provides consistent and stable coalition coordination and leadership, and as a result, access to additional funding to enhance and expand our coalition activities.

As a result, ONDCP has identified four core measures, and it's asked us as a Drug-Free Community support program grantee to be able to track things like 30-day use of alcohol, tobacco, marijuana, which we have done and had great success in those areas, and I think as far as relating to our meth issues, we have seen some decreases in our youth use, as indicated by the Minnesota Survey, as that's what we have to use. So there's been a decrease in youth use of meth from 2001 to 2004, which tells me we're turning—I feel like we're turning the tide a little bit here, which now is not the time to stop but to move forward, and so I would say that we have greatly appreciated the support of our law enforcement. They are key in the efforts that are happening in Mower County, as well as our city and county officials. Our treatment folks have been very supportive, and I just want to thank you for an opportunity to come and talk about the prevention angle and to be able to talk a little bit about the program that I believe is key in this fight to curb the meth problem. So thank you very much.

[The prepared statement of Ms. Lindbloom follows:]

Ms. Kirsten Lindbloom
Social Program Specialist, Parenting Resource Center
Coordinator, Mower County Chemical Health Coalition

**Mower County Chemical Health Coalition
Parenting Resource Center Inc.
Austin, MN**

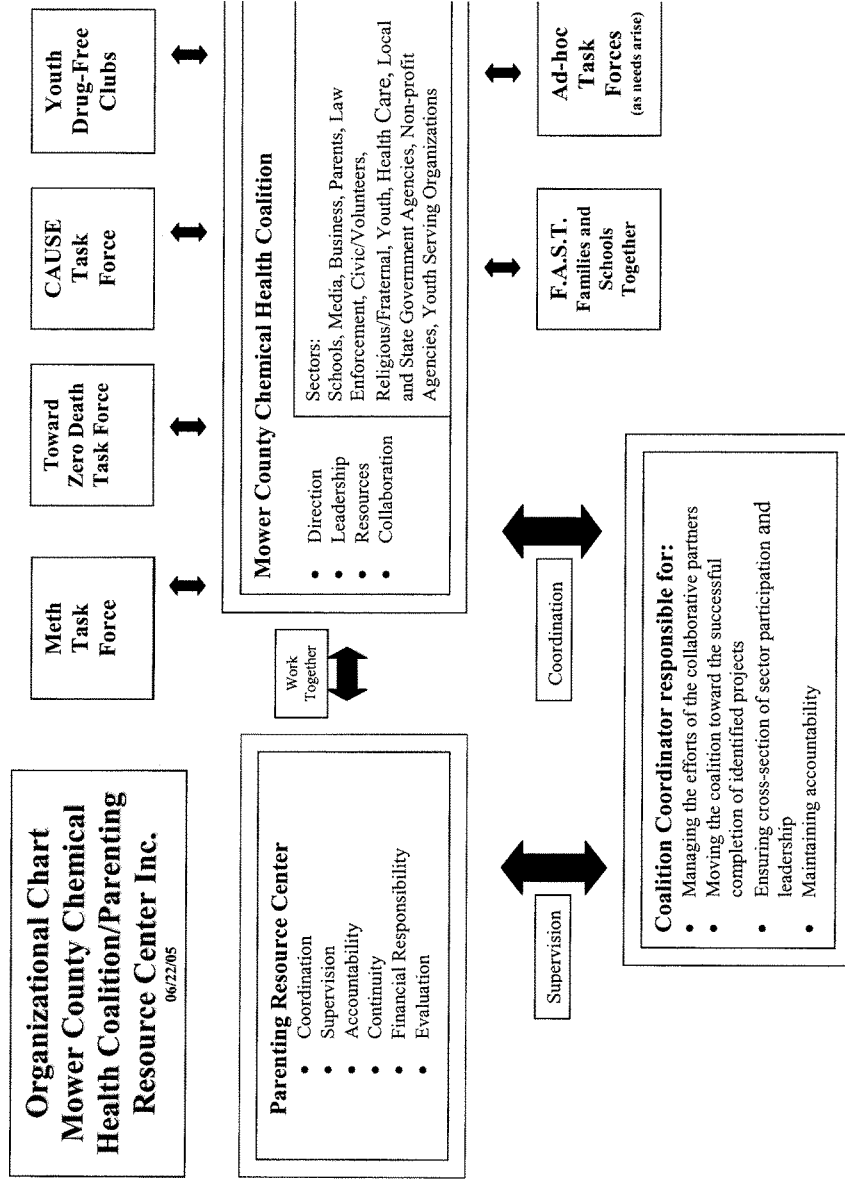
Coalition History

The Mower County Chemical Health Coalition (MCCHC) began its work in 1990. We began as youth and adults, representing schools and agencies, gathering for education and networking. Over time we became the Mower County Chemical Health Coalition. The 1998 Drug-Free Communities Support Program funding served as a catalyst for developing a genuine coalition that enhanced the ability of our communities to effectively provide a continuum of substance abuse prevention and treatment because of more collaborative strategic planning, less duplication of services, and more shared resources in terms of money, materials, knowledge, staff time, assessment and evaluation. Coalition members and partners include 289 youth and 304 adults/business partners representing 19 community sectors. Over the years the coalition has focused on the development of youth drug-free clubs in four of our five school districts, providing community and parent education, as well as environmental strategies through policy change.

The Mower County Chemical Health Coalition is a grassroots community-based collaborative effort with the mission of reducing youth use of alcohol, tobacco and other drugs.

The coalition sponsors four community action meetings annually and one strategic planning meeting. Community meetings often address current issues based on needs identified in strategic planning and focus groups. Coalition members serve on a variety of task forces/clubs/committees. Task forces include the Austin Area Methamphetamine Task Force, CAUSE (Citizens of Austin United for a Smoke-Free Environment), Safe Communities, and four Chemical Health Week Task Forces within the school districts. Youth participate in five coalition-sponsored drug-free clubs throughout the county. These youth attend regular meetings

and are represented at community action meetings, on task forces and at strategic planning meetings. Our youth have played a vital role in our community education and environmental change/policy efforts. It is in these task forces, clubs and committees that the work of the coalition is accomplished.



Drug Free Community Funding

The funding received from the Drug-Free Communities Support Program (DFCSP) has been the financial backbone of the Mower County Chemical Health Coalition. Drug-Free dollars primarily support the coordination of the coalition and its efforts. As a result, this \$100,000 investment in our community leverages an additional \$250,000 annually in support for coalition activities and initiatives.

The DFCSP funding provides consistent and stable coalition coordination and leadership and as a result access to additional funding to enhance and expand coalition objectives.

MCCHC Accomplishments: Reducing Youth Use

2004 Minnesota Student Survey data indicates that youth use in Mower County has decreased since 2001 in alcohol, tobacco, marijuana and meth use and the age at which youth start to use alcohol, tobacco and other drugs has increased. We are making a difference in our community.

ONDCP identified Four Core Measures:

Outcomes	Substance	Grade 6				Grade 9				Grade 12			
		2001		2004		2001		2004		2001		2004	
		%	n	%	n	%	n	%	n	%	n	%	n
30-day use	Alcohol	9	349	(7)	427	44	311	(26.5)	343	55	195	(46.5)	255
	Tobacco	8	349	(5.0)	427	27	311	(18)	343	43	195	(31)	255
	Marijuana	4	349	(3.5)	427	18	311	(11)	343	25	195	(15.5)	255
Perception of Risk	Alcohol	67	349	(79.5)	427	These questions were not asked of 9 th and 12 th grade students. Questions were removed from the 1998 survey and did not appear in the 2001 survey. Due to the changes and uncertainty that the Minnesota Student Survey will continue, the PRC has contracted with an evaluator to administer a local student survey throughout the remainder of the grant.							
	Marijuana	67	349	(79.5)	427								
Perception Parent Disapproval	Alcohol	62	349	(65.5)	427								
	Marijuana	62	349	(65.5)	427								
Perception Of Peer Disapproval	Alcohol	65	349	(71)	427								
	Marijuana	65	349	(71)	427								
		2001		2004									
Age of onset	Alcohol	13.85 yrs		(15.03)		Ages represent responses of all grades combined.							
	Tobacco	14.49 yrs		(15.01)									
	Marijuana	14.15 yrs		(14.59)									

Responses in **(BOLD)** indicate decreases in use and increases in perception and age of onset.

12 month Meth use by age and sex:

		9 th Grade				12 th Grade			
		2001		2004		2001		2004	
		m	f	m	f	m	f	m	f
12 Month Meth Use	Question not asked of 6 th grade students.	6%	7%	(1%)	(4%)	17%	6%	(6%)	(3%)
				↓5%	↓3%			↓11%	↓3%

Responses in **(BOLD)** indicate decreases in use.

MCCHC Accomplishments: Policy

- ✚ May 2003 State Legislation-Meth Precursor
- ✚ July 2003 Local Smoke-free Parks Policy
- ✚ September 2003 Local Compliance Check Ordinance
- ✚ January 2004 County Meth "Clean-up" Ordinance
- ✚ September 2005 Austin regulates the sale of pseudo-ephedrine products (1st in MN)
- ✚ April 2005 Mower County follows suit, regulating pseudo-ephedrine products
- ✚ June 2005 State Considers state-wide legislation regulating pseudo-ephedrine products

The MCCHC has had incredible successes by way of policy change. Since 2003 the MCCHC has played a key role in the development of six state and local policy changes addressing Alcohol, Tobacco, and Other Drugs.

In 2003, Mower County Methamphetamine Task Force member State Representative Jeff Anderson, with the help of task force and other MCCHC members authored methamphetamine precursor legislation. MCCHC members testified at legislative hearings and supported Rep. Anderson in his efforts with the bill. In May 2003 the bill was passed, a significant victory for Mower County. Mower County has a huge methamphetamine problem, a problem which the MCCHC has focused on for the past five years. Extensive education and community awareness campaigns have been a priority of the Coalition and its members. The legislation is a direct result of the Coalition's work, specifically that of Mower County Sheriff Terese Amazi and Chief Paul Phillip and a group of parents who meet regularly (Parents United) and are actively involved in the Austin Area Meth Task Force and other MCCHC projects.

During the month of May 2003, MCCHC youth members representing Ellis Middle School's drug-free club W.O.R.D. (We Oppose and Resist Drugs) and Mower County Public Health staff gathered cigarette butts from city-owned parks (Austin). The youth collected the butts and presented bags of them to the City of Austin's Parks and Recreation board. The youth verbalized their concerns about tobacco use and asked that the board consider making Austin's outdoor recreational facilities (parks) smoke-free. On July 2, 2003, the City of Austin adopted a policy that prohibits tobacco use in all city-owned outdoor recreational facilities.

In August 2002, after pressure from the MCCHC, City of Austin Law Enforcement completed compliance checks in the community. It was the Coalition's belief that youth were gaining access through local retailers. The compliance checks confirmed the speculation with 43% of the retailers selling to minors. The Coalition, with its ability to move quickly on the issues, held a community action meeting and a press conference. At the Community Action meeting those retailers who passed their checks were awarded "We Value Youth" awards by area youth and a list of those who passed and failed was released to the media. After the media coverage and the community flurry generated, Coalition Coordinator, Kirsten Lindbloom, was invited to speak to the Austin City Council on the issue. MCCHC member and City Council Woman Mickey Jorgenson became our champion for the issue and worked diligently with the MCCHC Coordinator throughout the process. In an effort to support area retailers, the MCCHC sponsored a compliance check/fake ID training. The MCCHC's Safe Communities coalition purchased an age-verifying system for area retailers to use for events, as well. In September 2003, after months of negotiating with retailers and city council members, the ordinance was passed. The ordinance outlines minimum civil penalties for local alcohol retailers. The ordinance is relatively progressive, with a strong fine/penalty scale. First offence is a \$500 fine, second \$750 and a three-day suspension, third \$1,000 and a 12-day suspension and fourth is license revocation. The City also agreed to make local policy mandating compliance checks annually. Those failing compliance checks will be rechecked within months of the failure.

In January 2004, Mower County passed a county ordinance in response to the community's meth production problem. The ordinance outlines procedure and penalties for meth lab clean up and agency protocol for clean-up and child protection.

In September 2004, Austin became Minnesota's first city to regulate the sale of pseudoephedrine products. The City ordinance limits sales to two packets, age of sale to 18 and over and regulates the location of product within the retail establishment.

In April 2005, Mower County followed Austin's lead and passed its own ordinance to regulate the sale of pseudo-ephedrine products, making Mower County Minnesota's first county to regulate this substance.

As the Coalition Coordinator, I am pleased at the work of our members. At a strategic planning meeting in November 2002, policy change was identified as key to our success in our fight for a healthy community. To have success in all three areas of focus, Alcohol, Tobacco and Other Drugs (specifically Meth), is phenomenal and speaks to the dedication of our community to its families and its youth.

Ms. Kirsten Lindbloom
 Social Program Specialist, Parenting Resource Center
 Coordinator, Mower County Chemical Health Coalition

Mower County Fights Back Against Meth

After a fatal Meth-related explosion on January 13, 2001 the Mower County Chemical Health Coalition, in its mission to respond quickly to community issues related to alcohol, tobacco and other drugs, started what would become a five year effort to fight Mower County's meth problem using multiple strategies in multiple sectors.

In August 2001, the Mower County Chemical Health Coalition (MCCHC), a Drug-free Communities Support Program Grantee, formed a task force to respond to Mower County's meth issue. The MCCHC developed a strategic plan which included community education, a community-based media campaign and policy change. Over the years the Meth Task Force has evolved and has become the Austin Area Meth Task Force, chaired by City of Austin Mayor Bonnie Rietz. As a community we have made a commitment to fighting our meth problem by creating solutions.

Community Education Efforts:

- ✦ Community Action meetings
- ✦ Drug-free student clubs target meth for peer education
- ✦ Local meth experts (law enforcement, county attorney, chemical dependency specialist, corrections and a parent of an addicted child) travel throughout Mower County making presentations to greater county communities
- ✦ Local sheriff provides training for utilities workers, social workers, and other professionals working in clients' homes
- ✦ Presentations to youth groups and area schools
- ✦ Parent support group formed
- ✦ Anonymous tip line (Meth Busters)
- ✦ Parent WarmLine/Línea de Apoyo y Comprensión Paterna (phone support for parents)

Community-Based Media:

- ✦ Newspaper Columns
- ✦ Print advertising
- ✦ Television advertising
- ✦ Documentary on the impact of meth on our community created
- ✦ Meth Extreme Makeover campaign including print, television, billboards, theatre ads, posters, buttons, word bracelets and car magnets

Policy Change:

- ✦ May 2003 State Legislation-Meth Precursor
- ✦ January 2004 County Meth "clean-up" Ordinance
- ✦ September 2005 Austin regulates the sale of pseudo-ephedrine products (1st in MN)
- ✦ April 2005 Mower County follows suit, regulating pseudo-ephedrine products
- ✦ June 2005 State considers state-wide legislation regulating pseudo-ephedrine products

“Never doubt that a small group of thoughtful committed citizens can change the world: indeed it is the only thing that ever has.”

-Margaret Mead-

Article reprinted from the Minneapolis/St. Paul *City Pages* May 14, 2003

Embedded in Austin: On the ground in one of Minnesota's meth hot spots

By Brad Zellar

05/14/03

One of the most enduring entertainments in any small town is the local paper's police blotter. These dispatches, concise and yet somehow rambling at the same time, have always been a reliable compendium of banal events and infractions. *Raccoon acting suspiciously. Police talked to residents in the 600 block of Third Street about dogs chewing up garbage. Police cited a person for burning a sofa in his yard.*

You'll still find such typical and relatively benign scuttlebutt in the Austin Daily Herald--the items above are all real reports from that newspaper--but in recent years the blotter has grown longer and more confusing. *Officers were notified of a large purchase of Sudafed. Man charged with possession of anhydrous ammonia in an improper container. Two men arrested for drugs and felony gun charges.* Nor is the change confined to the fine-print columns. It's in the headlines, too: *Meth lab arrests include a mother, her daughter. Seven face meth charges. Thefts tied to meth trade. Warning signs of meth use.*

Again, these are all from the Austin Daily Herald. This is my hometown. I know this place, or I did. What the hell is going on?

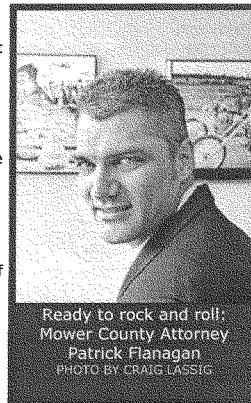
The emergence of methamphetamine as the drug of choice round the rural Midwest happened so fast that local authorities barely registered it at first. They'd heard stories about the havoc meth was wreaking on the West Coast, but nobody figured the drug would travel so fast or put down roots so easily.

In 1994 there were three meth lab seizures in the state; in 2001, over 300. And in the little towns in southeast Minnesota--including those of Mower County, where Austin is located--the problem is especially immediate. Minnesota law enforcement has carved the state into 23 regional drug task force sectors; of the 350 Minnesota lab seizures in 2000-2001, 44 were in Mower's tiny section of the state's southeast corner. Statewide, that number was exceeded only by Anoka-Hennepin counties, with 57.

Austin and the surrounding communities did not see their first lab seizure until October 1999, but they have had their hands full ever since. In the last couple of years the county has seen high-profile federal indictments of members of a California gang that was distributing meth in the county--as well as a steady stream of arrests and lab seizures, a surge in underage treatment referrals, and a lab explosion that killed a man and resulted in two third-degree murder convictions for his accomplices.

Austin's not particularly rustic so far as small towns go. Maybe it's stretching things to call it a small town at all. Ninety miles south of the Twin Cities, Austin is the Mower county seat and the home of Hormel, a Fortune 500 company that is the town's main employer. Of 23,314 local residents, 1,500 are employed in the company's flagship meatpacking plant, while another 600 labor in the Hormel corporate offices. Eight hundred people--a majority of them recent immigrants--also work in the Quality Pork Processing slaughterhouse that is a Hormel offshoot.

Despite the presence of Hormel, Austin is a relatively isolated community, surrounded on all sides by farm fields and little towns. Equal parts blue-collar slaughterhouse town and modestly affluent white-collar suburb, Austin has always been a puzzling place--a company town where there were certainly haves and have-nots, but also one where class integration was more or less forced by logistic realities. The children of the folks in the corporate office went to the same schools and played on the same sports teams as the kids of the guys who labored in the blood room at the slaughterhouse.



Ready to rock and roll:
Mower County Attorney
Patrick Flanagan
PHOTO BY CRAIG LASSIG

Austin has changed drastically in the 20 years since I moved away. A wrenching Hormel strike in the mid-1980s took a toll on the city's economy that is only beginning to ease. The immigrants who have moved here in the meantime deserve a lot of the credit for adding life and vibrancy to Austin again. Main Street, once lined with empty storefronts and struggling businesses, is now home to a number of Mexican groceries and restaurants, a thriving barbecue joint, and a coffee shop. As ever, the downtown area to the east of Main Street is crowded with no-nonsense bars.

"We actually have a couple decent video stores now, a tremendous public library, and a handful of excellent restaurants," an Austin friend of mine said. "We have diversity now, and with the influx of immigrants we've also seen a new wave of kids coming into the schools. The truth is that this little town has actually become a pretty decent place to live."

And what about those meth headlines? "Maybe I'm not paying attention or I'm just being naïve," he shrugged, "but I don't think it's anything new. The bad guys are here, and they've always been here. We've always had a homegrown drug problem, and I don't buy this notion that drugs are being imported on any significant scale."

Mower County Sheriff's detective Glen Farnum begs to differ. "Meth is the scourge of the earth," Farnum said without hesitation. "It's the worst thing to come down the pipe in years. We have a hell of a problem on our hands. These dealers are like weeds; you arrest a few and a week later another batch has popped up. And you get people on this stuff and you can't get 'em off it. It's wrecking a lot of lives."

Judging by the sheer frequency and number of meth stories in the Daily Herald--I counted 160 between 1999 and the summer of 2002--it appears that Austin is not quite the same as ever.

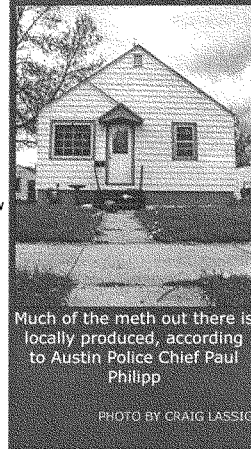
I hadn't been back in town for two hours before I'd made contacts with a huge mix of people willing and anxious to talk to me about meth--people in law enforcement and chemical dependency treatment, users and recovering addicts, families caught up in the net. Every time I made a phone call, the word would be passed around and I would get half a dozen calls in return.

To preserve the anonymity of the people whose lives have been most directly affected, the names of all users and their families have been changed here.

Patrick Flanagan is the Mower County attorney, and after working in the DA's office for a number of years he has only recently moved into the hot seat. Last November he ousted his old boss, Pat Ohman, at the ballot box. A young, gung ho prosecutor whose office is decorated with *Easy Rider* and James Dean posters and Rolling Stones album covers, Flanagan knew pretty well what he was getting into. By the time he came to town, the county's meth problem was already a standing beat on the local news.

At some point in the late 1990s, a small group of alleged California white supremacists migrated across the border from a small town in Iowa and took up residence in Lyle, a township just outside of Austin. These characters were reputedly part of a self-styled Riverside, California gang called the Inland Empire, and they were fiercely proud of the peckerwood label they had appropriated for themselves. The original Inland Empire incursion consisted of just two guys, and law enforcement officials allege that they quickly began importing large quantities of meth from California. There may have been some meth in the area when they arrived, but their efforts appear to have broken the market wide open.

"These guys were really the first big wave," Flanagan said. "They roped a lot of kids into their deal, and they ran a very well-organized business. The kind of markup they could make on meth here was just incredible. They could cut the stuff with horse-joint ointment and make up to \$60,000 a pound. They were paranoid--all of these people are, it's one of the hallmarks of this drug--and they ran all kinds of crazy counter-surveillance, with video cameras and lookouts and you name it."



Much of the meth out there is locally produced, according to Austin Police Chief Paul Philipp

PHOTO BY CRAIG LASSIG

In a town like Austin, the California guys stood out from the beginning. Their shaved heads, flashy lifestyles, and elaborate tattoos ensured that local law enforcement would start paying attention to their activities sooner rather than later.

"To a 15-year-old Austin kid," Flanagan goes on, "these guys were very compelling. They had tattoos, cool cars, lots of cash, a house to party at, and they didn't have to work very hard to build up a loyal following."

Shortly after the California gang came to town, one of the ringleaders was arrested for possessing 30 pounds of marijuana and sent away to prison for a year and a half. Upon his release he came right back and set up shop in Lyle again. By this time--early 2000--local meth users had learned to make the drug on their own through a relatively simple process.

"Once people figured out how easy it was to make the stuff themselves," said 12-year-veteran Austin Police Chief Paul Philipp, "that's when we really had a problem on our hands. I'd say that right now a majority of the meth that's out there is probably locally produced, which creates problems for us on so many levels. The labs are dangerous, of course, but there's also all the other crimes that come with making and using the stuff. A lot of the ingredients are stolen from local businesses, and you've got these people going out into the country to tap the anhydrous ammonia right out of the fertilizer tanks in the fields. Then you've got kids stealing from their parents and users who are stealing whatever they can get their hands on to finance their habits. By the time you throw in impairment-related offenses or domestic problems--assaults, car accidents, child neglect--it has a huge trickle-down effect."

Before meth came along, Philipp said, cocaine and marijuana were the drugs the Austin police department most commonly encountered. "But realistically, in a town this size, all those other drugs are much more difficult to come by," he said. "Meth has definitely become the drug of choice in our area. And I'm afraid we're still just seeing the tip of the iceberg."

Around these parts the drug's popularity is increasing ominously among younger users. Mower County has been seeing meth use among kids as young as 13 and 14, and there are other aspects of the Austin experience that call into question some prevailing myths about the drug. Meth is always portrayed as a poor, rural, white-trash drug, but in Austin and nearby towns its use cuts a wide swath across social and economic strata. Many locals would like to blame the drug's upsurge on the influx of Mexicans in recent years, but there's very little evidence to support that idea. The majority of people making, selling, and using the drug are in fact white kids, many of them locals from seemingly stable middle-class homes.

It makes sense that meth is principally a rural phenomenon. First, of course, where there are farms, there is the anhydrous ammonia required for refining the meth; it's a commonly used fertilizer. A town like Austin also offers ready access to the other necessary ingredients. Places like Shopko, HyVee, Target, K-Mart, and various hardware stores and farm suppliers make relatively easy the acquisition of such meth prerequisites as cold capsules, white gas, and camera batteries. As such bulk purchases have begun to raise red flags with retailers, meth producers have begun shoplifting the ingredients instead. And the rural terrain itself affords endless advantages.

"This is a conspicuous drug to produce right in town," Philipp said. "It stinks, for one thing, and you'll have people coming and going from these houses at all hours. But meth is also a very mobile, portable drug, and there's a lot of country out there around us. These guys can drive out into the country and make this stuff out of the trunk of their car on a gravel road and then toss all their garbage in the ditch. They can pull into a campground or go back in the woods. They'll rent these farmhouses or trailers, produce a bunch of the stuff and then just pull up stakes. It's very hard to pin these people down."

Enforcement is further complicated by a combination of technical sophistication and paranoia on the part of the dealers, who use global positioning systems to stash and track packages of the drug in rural ditches. Local authorities are also seeing more meth labs wired with all manner of surveillance equipment. Occasionally a beat-up thousand-dollar trailer home beached on a scrub lot in the country turns out to have a \$20,000 security system.

The other factor in meth's grip on rural areas is an explanation that has for the most part eluded the adults wrestling with the problem. But it's the first explanation kids offer for the drug's popularity.

"This place is boring," one teenager told me at the municipal parking lot one night. Travis and his friends are all 15 to 17, and marked with the insecure braggadocio of small-townners everywhere. They all admit to having used meth or knowing others who have. "It's everywhere," Travis said. "And it's not just the so-called bad kids who do it, it's everyone. There's all kinds of kids who are doing it."

"And that first time is great," he goes on. "Everyone will tell you that. Everyone will talk about the first time. It's really intense, and you feel powerful."

"The girls like it because they lose weight," a friend adds.

"They lose a *lot* of weight," Travis said. "Even the guys. You'll see these big jocks lose like 40 pounds in six months, and their parents don't even wonder what's going on."

The next day I drove out to a house in the country to meet with Richard, a 19-year-old now living in self-imposed exile from the world of meth. The farmhouse where Richard is staying is marooned in the middle of fields and gravel roads a considerable distance from Austin. When I finally found the place I was taken aback by how isolated it was. The modest house was situated on a farm lot down a long gravel driveway, and there were no vehicles to be seen. Richard, a skinny, slightly hunched kid, met me at the back door.

"I was 16 when I first started smoking meth," he said. Previously he had been a decent enough student. Despite an attention-deficit problem for which he took Ritalin, he managed to hold a B average.

"It's an amazing high," he said. "You could drink yourself stupid, and after one hit of meth you were stone cold sober. When you're on it you have these incredibly intense thoughts. People think you're just whacked out of your head, but I was having very serious thoughts, thinking about my life and my family. I felt like my mind grew so much when I was using meth. I could just sit down and read books, which I'd never really done before. I was supposed to write this one-page report for school on the band Tool, and I ended up writing ten pages. It was amazing. My teacher was an old lady, a churchie, and she was just blown away."

After a relatively short time, Richard discovered what so many other tweakers had discovered before him. He couldn't quite hit those old peaks anymore. "You're always trying to capture that first high again," he said. "It's never, ever gonna happen, but you keep trying."

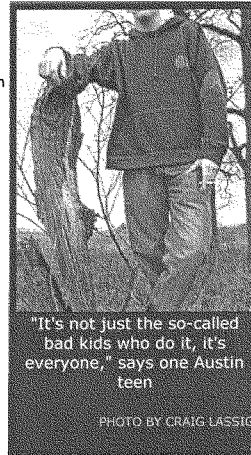
Richard started skipping school and got suspended during his sophomore year. After his mom left for work each morning, "it was just *game on* for that day. Everybody would come over and we'd just sit around smoking meth all day. I've had forty or fifty people in a room this size, just elbow to elbow, everybody doing it. It wasn't just white-trash kids, it wasn't country kids. It was jocks, rich kids, city kids, everybody was doing meth.

"And it wasn't the Mexican Mafia or the White Power guys from California. They may have brought it in here, but it would have happened without them. I had a friend whose mom would buy it for us and we'd sit right there in her house getting fucked up. I used to smoke it with one of my teacher's husbands. It was everywhere."

Richard weighed 180 pounds when he first started smoking meth, but he quickly plummeted to 119. "I once stayed up for 14 straight days, just smoking constantly," he said. "I would sit right over there at that big picture window and I would literally hear voices and see people coming out of the trees, coming out of the fields. They were absolutely real to me."

The turning point came when one of Richard's best friends showed up at his door and held a gun to his head over a drug debt. "This was a guy who I would literally trust with my life," he said. "It was unreal."

These days he's trying to lay low and get some semblance of his life back. "I've been clean for six months now," he said. "I think I realize that my family and friends are worth a lot more than getting fucked up. The way you can escape it is to just separate yourself from it entirely, but it's hard. When you're in a small town and all your friendships go back to when you were kids, it's hard to start over." Richard pauses and lights a cigarette, and stares out that big picture window at the empty fields stretching away into the distance.



"I wish I didn't know what I know," said Jack Wittkopp, who coordinates chemical dependency services for the Austin Medical Center. "You have to recognize that this is a problem that is significantly concentrated among adolescents and young adults. You seldom see old-time tweakers, and that's because older people who use meth tend to not use it every day, or for such prolonged periods. You hate to use the term 'casual user,' but most of these people use the drug occasionally, and for specific purposes, whether it's purely social, or for staying awake while driving or working. The kids obviously have a different approach, and are much more likely to adopt meth as their drug of choice, and to seriously abuse it."

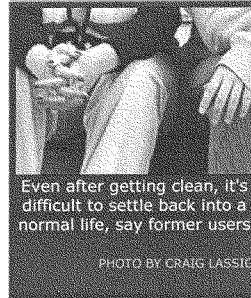
The result of that abuse, Wittkopp said, is a bunch of seriously depressed kids whose ability to cope with the perils of adolescence--school, family, depression, social pressure--is seriously handicapped by meth's depletion of dopamine. "They can no longer experience any pleasure without the drug," Wittkopp said. "And when they get out of treatment they have to go back to the same pressures they were looking at when they came in. As far as the dopamine depletion is considered, you wonder, 'Can that change?' There are some early studies that suggest that the brain can regenerate dopamine, although very slowly. There are also other good recent studies that say the depletion is permanent, which is a terrifying prospect for people in my line of work." While Wittkopp insists that meth poses a serious and daunting challenge, he also acknowledges that alcohol remains a bigger and more pervasive problem in Mower County. "No question," he said. "Strictly in terms of long-term social consequences and problems at the family level, alcohol is our number one chemical problem, and that is always a product of its ready availability and social acceptance."

Wittkopp's also said that he's not ready to throw in the towel on meth. "I'd have to say I have a guarded prognosis at this time," he said. "I'm not optimistic, but I'm not ready to give up, either. We have the advantage of being able to implement a community approach to dealing with this problem, getting families and neighborhoods and schools involved, and educating people about meth and its consequences. You really do have a responsibility as a community to let these guys know that your town is not up for grabs. You need to send a message that you're going to look out for your kids."

My second night in Austin I got together with three women, members of a recently formed support group for parents whose children have been caught up in meth abuse. We met around the kitchen table of someone I'll call Mary. All three--they call themselves the meth mothers, and say their kids call them the psycho moms--tell remarkably similar stories.

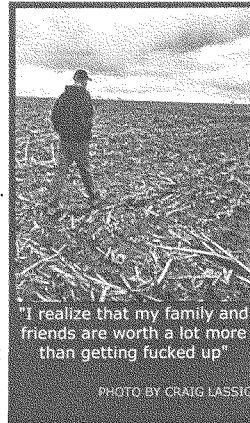
"I missed a lot of the signs," Mary said. "You'll hear that from most parents. I knew absolutely nothing about meth. I mean, my daughter was 14 years old at the time, an excellent student, responsible, dependable, active in everything. And then at the end of eighth grade year her grades suddenly dropped drastically. That summer all hell broke loose. Her behavior changed dramatically. There were temper tantrums and just this constant attitude. She was always sneaking around and staying out late, and I eventually caught her drinking. I wanted to believe, of course, that this was just the normal rebellion that kids go through at that age."

Mary battled her daughter all summer, a fight she knew she was losing, and in the fall things continued to slide. Her daughter stopped bringing home homework and didn't want to go to school. She started dating a 17-year-old dropout, and spent most of her time at home sulking and surfing the Internet. "I wish now I'd never bought that computer," Mary said. Her daughter eventually started staying out all night, and finally ran away. After each blowup Mary would get in her car and go out searching for her daughter, often banging on the doors of residences she now knows were meth houses. She would drag her daughter home and try to talk with her, but increasingly found herself getting nowhere. She accompanied her to school and met with the principal and the school's liaison officer. Desperate, she finally hauled her daughter to the hospital and had her tested for drugs. When she tested positive for marijuana and methamphetamine, Mary couldn't have been more shocked.



Even after getting clean, it's difficult to settle back into a normal life, say former users

PHOTO BY CRAIG LASSIG



"I realize that my family and friends are worth a lot more than getting fucked up"

PHOTO BY CRAIG LASSIG

She educated herself in a hurry, and started rabble-rousing in town for greater vigilance on the part of parents, schools, and law enforcement. She began patrolling the town on her own, writing down license plate numbers outside meth houses. "And guess what I got for Christmas?" she said. "A police scanner." A number of the other meth mothers also log hours at their own scanners, listening for familiar names and keeping tabs on the local meth community.

When her daughter ran away for a second time, Mary had had enough, and packed her off to a group home in a neighboring community.

"Been there, done that," Anna said. Her daughter's problems also started in the summer before her freshman year in high school, when she started hanging out with a new group of friends and staying out past her curfew. "Whenever she was around we were just arguing all the time; whatever I said it was always, 'You don't understand.' She finally told me to go to hell and left for the weekend.

"I eventually just threw up my hands and told the people at the Sheriff's office that I wanted them to do everything within the law to scare the living hell out of her. I told them I wanted her picked up and tested, and they said they couldn't administer a urine test without the kid's permission. How bullshit is that? They're your kids, living under your roof, and they have to give you consent to give them a drug test."

Anna eventually sent her daughter to live with a family in another town. "I had to get a lawyer and sign away my parental rights," she recalls. "We transferred her school records over there. They got her a job, and I think during that time away it all finally sunk in for her. She knew she was nailed, and I wasn't going to give in. Since she's been back her grades are back up and she's been clean for a year and a half."

Mary's daughter is also now clean, and is attempting with some difficulty to settle back into her old life. Deb has not been as fortunate. Hers has been the longest, most discouraging battle. She keeps a scrapbook of every newspaper article from the last couple of years that have any bearing on the county's meth problem. It's a seriously fat, seriously appalling archive, six inches thick and overflowing with clippings. "I've run out of pages," she admits, and hands over another pile of Xeroxed articles from the last several months.

"I went through the same thing these guys did," she said. "Exactly the same routine. I've tried tough love; believe me, I've tried everything, but nothing has worked." Deb slides a school portrait across the table, a photo of a healthy, attractive girl who could have been a cheerleader.

"She moved out for good a year ago," she said. "It had gotten so bad that she was pushing and shoving me around and my husband and I were at each other's throats. She was destroying herself and destroying our family. I have a stressful job, and I felt like I was endangering other people's lives when I was staying up until three o'clock in the morning every day dealing with this."

Deb finally let her daughter go, and it's clear how much it still torments her. Her daughter is now hanging around with skinhead tweakers, she said, and dating a 28-year-old. She has acquired unattractive homemade tattoos.

"You don't want to think of your kid selling herself for money," Deb said. "But you have to be realistic. She has no job, as far as I know she's not stealing, and we've never had anything missing from our house. I can't imagine any other reason these guys would keep her around."

Mary's daughter, Tina, is now 15 years old. After the meth moms retreat to the living room, she sits down at the kitchen table to talk. She has the slightly guarded, flat-line demeanor of teenagers everywhere. She's clearly not shy, but she's also not effusive. She looks remarkably healthy, and looking at her in her T-shirt and gym shorts it's hard to imagine that a year ago she was just another of Mower County's growing meth statistics.

"The first time I ever heard about meth I was at my ex-boyfriend's house with him and a bunch of his friends," she recalls. "I didn't know anything about it, and had no idea what it was. They just asked if I wanted to do some shit. That's what it was called. I think I was hooked after that one time. It was this instant rush. My heart was racing and my hands started sweating. It was like nothing fazed you when you were on it. I felt like I was really powerful."

The first time Tina smoked meth she stayed up all night and all the next day, and then went out and did it again the next night. "I was the first one in my group of friends to try it," she said. "I'm an impulsive kind of person, and I like an adrenaline rush. I'm a daredevil, and I didn't care what it was or what was in it. I just liked it. Lots of

other girls got into through the guys. The whole weight-loss thing, lots of girls like that part of it. I wouldn't say everybody is doing it, but probably half. Even the jocks are druggies now."

Before long Tina was running around with a whole new group of friends, and palling around with the Inland Empire boys and their crowd. Soon she was staying up for days at a time and falling out of touch with everything else. She began seeing disturbing changes in the people around her, changes she was in no condition to process.

"I remember being at this house one time after I had run away," Tina remembers. "There was this kid who had been up for like two or three weeks straight and he was picking at his nose because he thought there were bugs crawling around in there. He's picked these big, bloody holes in his nostrils, and he finally took a scissors and cut into his nostrils on both sides."

Tina also recalls watching as one of her friends was whittled away by meth. "This guy was one of my good friends," she said. "He was this big guy, buff. All the girls wanted him. But he got involved with the California guys and started using meth. I ran into him at the store one time and he wasn't making any sense. He was really skinny, just a total skeleton, and I sort of realized how messed up it all was."

Tina said she's trying to get her old life back, and to regain the trust of her mother, but it's not so easy. "Right now it's still kind of hard," she said. "This is a small town and all these people are still around, and meth's still around. My old friends have been really supportive, and teachers and counselors try to understand, but they still don't really get it. I don't know yet what's going to happen. I've been through a lot, more than most people probably go through in their whole life. I can't tell if that part of my life is over, or if my life is just over, period. I'd like to be a chef, though, or I want to deliver babies. I watch these shows on TV all the time and I just think it would be cool to bring kids into the world."

Terese Amazi of Mower County is the first woman sheriff ever elected in Minnesota. She's only been on the job for a few months, but has been with the department for 15 years. When I stop by her office she's playing fetch with Tia, an amiable and rambunctious drug-sniffing dog that lives with her and her family. Tia is trained to detect coke, crack, marijuana, mushrooms, heroin, and meth, and Amazi keeps her pretty busy these days.

Amazi is married to an Austin cop, and she has a lot of experience with drug enforcement, and meth in particular. She started her career doing undercover drug work. "My first day on the job I did an undercover marijuana buy," she said. Amazi took office with a mandate to address the county's meth problem, and she's already taken an active role in tracking down and prosecuting offenders while also coordinating an aggressive education program in local communities and schools. She is also working with Austin Representative Jeff Anderson to pass a state precursor law that would make it a crime to possess one or more common meth ingredients with intent to manufacture. As things now stand in the state, law enforcement can pull over a driver in possession of substantial quantities of cold capsules, white gas, and lithium strips, and yet have no legal grounds for arrest or confiscation.

"We're also working with area merchants to get ephedrine products locked up behind the counter," she said. "We've had good luck with the locally owned businesses, but the bigger corporations like Target and K-Mart have been resistant, which is frustrating."

Amazi is quick to point out the perils of meth use and production for cooks, users, and law enforcement alike. "It's not like anything else," she said. "This is not speed. It's not even the same meth of 20 years ago. And you can chip away at the production and distribution of it, but that doesn't address the demand, and where there's demand there's always going to be somebody else waiting in the wings to come in and make a profit."

There's also the issue of the drug's effects and highly addictive nature.

"It's such an unpredictable drug," Amazi said. "People get seriously goofy on it, and there's no telling what they'll do. We have to be prepared for just about anything." She tells the story of one cooker whose house caught fire--so he and his pals loaded a burning sofa into the back of a truck and tore off down the highway. "They obviously didn't exactly have any sort of plan in mind," she said. And then there was the kid who, roaring on meth, kicked his mother out of the car as they were driving on the freeway. After he was arrested he kicked out the window in a moving squad car and dove out onto the pavement, breaking all the bones in his face. "He didn't even realize what he had done until he woke up in intensive care," Amazi said.

Sheriff's Detective Glen Farnum recalls responding to a report of a domestic disturbance in a nearby town. "When we got there it was clear this guy had been using meth and was out of his gourd," Farnum said. "He was in the bathroom and we were trying to get him to come out. He climbed into the bathtub and just started sawing away at

his own neck with a knife. The guy cut his own throat." Another time Farnum responded to a meth lab in a rural trailer. "We found all these brain-damaged cats wobbling around the place," he said. "These poor cats couldn't walk and their hair was falling out in big clumps. I'm telling you, this stuff is unbelievable. It just rots people's minds. I don't think there's any hope."

There may not be any hope, but the Mower County police and sheriff's departments may have caught a considerable break in January, when 50 state, local, and federal agents staged a series of raids in and around Austin and charged Peter Noe, Tim Schultz, and another of their California associates, Terry Bauman, with conspiracy to distribute methamphetamine and marijuana. Two Austin residents, Arthur Clennon and Amy Marie Placek, were also named in the federal indictments, and the authorities allegedly confiscated 550 grams of meth and 220 pounds of marijuana. The main players, Noe and Schultz, remain in federal custody, and their case is scheduled for trial June 2.

"The fact that the feds felt that we had a significant enough problem to get involved is huge for us," County Attorney Patrick Flanagan said. "It really speaks to the extent of the problem we have here, and is an acknowledgement that what's been going on isn't just confined to small local players. It's long been our belief that we were dealing with an organized outfit that was operating at a very large scale, and what they were doing wasn't confined to Mower County."

"I do believe we're already seeing some positive effects from heightened awareness, but at this point it would be naïve to be too optimistic," Philipp said. "There are people out there who are still making and selling this stuff. And I'm afraid the demand is still there as well, so I'm certainly not ready to say we're out of the woods yet. With budget cuts and the state's financial position, I expect there's going to be a significant drain on everybody, and we're already treading water down here."

Terese Amazi concurs with her colleague on that count. "The DEA's assistance has been critical for us," she said. "We honestly couldn't afford most of the stuff we do without federal funding, so we have to cross our fingers that programs don't get cut. The problem, unfortunately, is that the cat's already out of the bag. I'm afraid we're going to see more and more meth. It's just so hard to shut it down completely when the ingredients are still so readily available and we have anhydrous ammonia in every farmer's field."

Glen Farnum listens to Amazi and just shakes his head. "The thing people don't realize is that there's no one contributing factor or one small segment of the population who's doing this," he said. "If people think it's not a problem or it's not going to happen to them, they're nuts. They're just out of their minds."

Mr. SOUDER. Thank you. Mr. Anderson.

STATEMENT OF BUZZ ANDERSON

Mr. ANDERSON. Thank you, Mr. Chair, and Members. My name is Buzz Anderson. I serve as president of the Minnesota Retailers Association. Thanks for the opportunity to speak to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources. Thank you as well for seeking input from Minnesotans. It's a real honor to speak before this distinguished panel and before your very hard-working counsel and other staff.

Minnesota legislators, law enforcement and local governments, social service agencies, nonprofits and retailers have all been trying to find a way to deal with this scourge. Pseudoephedrine-based cold products, some of which have been used to manufacture meth, have been offered in many venues in this State, and the reason for that is unlike—or not unlike other States, it's a very diverse State. You'll find pseudoephedrine-based products in convenience stores, grocery stores, pharmacies and other types of retail.

Again, as I just pointed out, there's just a wide range of communities in this State. Some citizens have many choices when they attempt to purchase a cold product or an allergy product, while other communities have little retail activity, including very limited pharmacy or no pharmacy at all. In some cases the only place consumers can buy a cough or a cold product is in the one remaining store in a small community, and that tends to be a convenience store.

As you mentioned, Mr. Chair, I took it upon myself when dealing with this legislation to go to the Internet, and I just Googled how do I buy Sudafed, and I got many, many hits, and I found out there were numerous sites which would allow me to buy up to 1,200 boxes at a time, and, of course, as long as I paid for them I could buy another 1,200 and another 1,200 and another 1,200, and I think that's a source that people tend to ignore in terms of where people are probably also getting the pseudoephedrine-based products.

Consumers are really trying to buy this product everywhere, and they do that because it's inexpensive and it's very effective for treating cough, colds and allergies. You know, I happen to be one of those people that's allergic to everything, so I took Claritin-D, and my wife takes one product and my two boys take other products because each product fits individual needs, and that's why you see a vast array of them on the shelves.

Anyway, because of the awareness that retailers have about the abuse of meth, many retailers have taken voluntary steps to stem this type of abuse. Many have put single active ingredient products behind the counter and in locked display cases. Some have put all products containing pseudoephedrine behind the pharmacy counter. Many participate in the Meth Watch Program, which comes about as a result of a grant through our Minnesota Grocers Association and Minnesota Pharmacists Association, and that Meth Watch Program, which comes out of the Consumer Health Products Association, allows for training of employees, signage at point of sale and so on and so forth. It's a very, very good program.

In many cases, as was pointed out by one of the law enforcement officers, suspicious activity is reported by our retailers, and it has

resulted in a whole number of law enforcement busts because the employees are trained now to look for what appears to be suspicious behavior. Many employees are told, however, not to intervene in the sale because you don't want to get a clerk between the sale and a methamphetamine potential purchaser and end user because they're paranoid and they're violent. The idea is to help employees understand what appears to be suspicious behavior and report it to law enforcement because they have the training to deal with it.

The Minnesota Retailers Association, along with the Minnesota Pharmacists Association, the Minnesota Grocers Association and Lisa Cranet is here today from the Grocers, and the Minnesota Petroleum Marketers Association worked hard expressing its view during the past legislative sessions when the Minnesota Legislature adopted a meth bill. Our process is a very open process here, and we are pleased to have been brought into this discussion from the very, very beginning, and we certainly thank Senator Rosen and other legislators for that.

The legislation that ultimately passed turned out to be very workable for consumers and retailers, and what we hear from law enforcement is they believe this will be very effective in stemming the tide of methamphetamine use and production. It has several features which I would hope the committee would look at seriously as you look about adopting Federal legislation.

First of all, the Minnesota law has preemption to prevent a patchwork of laws throughout the State, and having said that, I would hope that your bill would have preemption so that companies like Target and Walgreens and Snyders and others who have stores all over the Nation don't have to try to abide by a different set of laws from county to county, State to State.

The Minnesota law also has flexibility at the point of sale. Our legislature realizes how important pharmacists are and the role that they play in providing healthcare. Therefore, pseudoephedrine-based products that are restricted behind a pharmacy counter can be logged and sold by a pharmacist, a pharmacist tech or a pharmacist clerk. Pharmacists should not be thought of as pill counters. They play an integral role in health care delivery and support and not monopolize their time on solely dispensing what has traditionally been an over-the-counter drug. Their expertise is very, very effective and important in healthcare, and it's also very expensive.

Minnesota law also has product flexibility as well and makes accommodations to make certain that only caplet and tablet forms of pseudoephedrine are placed behind the pharmacy counter. Products that are in gel caps, liquid form, single-active ingredient in pediatric form and powders are exempt, and we heard a lot of testimony from law enforcement as this bill was being drafted in Minnesota that caplet and tablet forms are the real source of problem. To ensure that they haven't missed anything, however, Minnesota took another key step, and that is they said that if law enforcement feels that one of the other products that is exempt is causing a problem, that they can contact the Board of Pharmacy, and the Board of Pharmacy then has the right to make this a restricted product in Minnesota.

Consider, if you will, just one other option when you consider drafting this, and, that is, there are a lot of stores that have pharmacies that just don't have room to put all the pseudoephedrine-based cough and cold products behind the pharmacy counter. So they like the option of putting them in a locked display case where only a pharmacist, pharmacist tech and pharmacist clerk would have the ability to get those for a consumer.

Finally, let me point out that we have a tremendous law enforcement community in this State. They're doing an unbelievable job, but I know they're overwhelmed and they're underfunded. I know it would be greatly appreciated if Congress would provide more funding for local communities, which, again, are really overwhelmed by this.

Thank you for the opportunity to speak to this committee. I'd be glad to answer any questions.

Mr. SOUDER. Thank you. I don't think anything has been more frustrating than trying to deal with this behind-the-counter question, because when we first had the Oklahoma people testify, I was fascinated with the law. It looked like a simple solution, and because it looks like a simple solution, it gets a political head of steam in front of it as it's moving through.

Interestingly, while Oklahoma initially saw a drop, so did Kansas that didn't have the law, had a greater drop, partly because when the community responds and the community organizations get together and the local law enforcement get together and the pharmacist get together, any action pushes a—this is an easy drug to sell as evil, unlike marijuana, which is much more of a battle in a community.

Therefore, any community action makes the difference. It isn't whether it's with blister packs, Meth Watch is notifying particularly in small communities. It's not like the pharmacist where a girl working in the morning or a boy working in the evening can't figure out who is coming in to buy pseudoephedrine. Furthermore, larger retailers can track, you can see where it goes, you can see which pharmacy is selling or having stolen twice or three times the amount. This isn't hard, and why we went after these small-town grocery stores and pharmacies, I do not know. I grew up in a small town. They're closing down left and right anyway, and what we're going to do is wind up accelerating that rate of close down with, namely, trying to address meth, which may not work. With that said, we're past the point of being able to preempt. Too many States have done this. Hopefully, if we pass a Federal law, States can then start emulating, back up a sense. But politically this has got such a head of steam, maybe we can get future States to do some compromises and types of things you did here behind. But I'm as aggressive law enforcement, anti-drug guy as there is in Congress, and I've just never seen anything not based on fact move this quickly, because it seems like a simple solution, and, in fact, we see in the mom-and-pops that you can get more control of the mom-and-pops. The question is then what happens. That it doesn't mean it's not at too high a level, but where groups get active, like Ms. Lindbloom, you can see effects, and it's great to hear that it's dropping, and what happens is that we're seeing some of those drops in rural areas that are aggressive. What we aren't seeing is

the national drop overall, and we're seeing it move into more heavily populated areas and come into different types of groups.

Mr. MILLER in the drug courts, that was really interesting testimony. Also, because you're moving people through, we get to see the hard data with it.

Given the fact that cocaine is largely coming in through Hispanic groups, do you think it's the distribution networks that have led to the differences in the African American community from the other communities as to why crack and cocaine still seems to be in the urban areas the choice of drugs for African Americans, although you see some meth, as opposed to the others where it switched so fast?

Mr. MILLER. I do know that just in terms of affordability, you can buy a gram of methamphetamine for \$70 over on Lake Street and so—

Mr. SOUDER. Compared to crack what is it?

Mr. MILLER. I'd have to call on my colleague, Gail Baez. Gail is a prosecuting attorney in Minneapolis.

Gail, do you know what the street value is going for a gram of cocaine?

Ms. BAEZ. Well, we've heard it's about \$20 for a hit, and, actually, what law enforcement has told me is that methamphetamine and cocaine are comparable prices, but the same amount of meth gives a longer high. Perhaps Mr. Bushman could speak on that.

Mr. SOUDER. Rather than try to repeat that for the record, will you stand and raise your hand and be sworn?

[Witness sworn.]

Mr. SOUDER. And would you spell your last name?

Ms. BAEZ. B-a-e-z.

Mr. SOUDER. Mr. Bushman, did you want to add anything to that?

Mr. BUSHMAN. I'd just say that Ms. Baez is right about that. The price for cocaine and methamphetamine is pretty much similar. Cocaine, of course, is sold by the rock, and they repeat that activity hour after hour, day after day, and I think part of the difference is that there's the competition. You know, the people that are supplying the drugs to those groups, you know, they're in competition with each other and they want to keep their drugs flowing so they get their share of the money. So I think that's had a lot to do with seeing how different groups stick with different drugs.

Mr. SOUDER. Although they both may come in Hispanic networks, when they hit the streets of Minneapolis and St. Paul, the local distribution networks are African American in one case and more likely to be Mexican or Asian in the other.

Mr. BUSHMAN. Yes, and they have their turf and they have their customers, and they're very protective of that, so that's their—

Mr. SOUDER. The retail association, but it works very similar. I mean, it's very interesting. Mr. Gutknecht.

Mr. GUTKNECHT. Well, thank you, Mr. Chairman. I just wanted to point out that—not that I shop for cold medicines that much, but I happened to be in a store the other day and already appearing, the market is responding with pseudo-free cold medications. As a matter of fact, we've had testimony from folks here on this committee and on others that the pseudoephedrine really is not even nec-

essary anymore. The truth of the matter is we can provide—we can produce cold medicines that are every bit as effective without using it at all, and I think that's something else we can do at a Federal level, is encourage and pressure some of the pharmaceutical companies to begin to just write it right out of the script.

Let me also thank you, Buzz, in what the retailers are doing, because I think there are an awful lot of good examples of doing the right thing and helping and working together to try and get more of this product off.

Now, the other problem you talk about is the ability to literally go on line and buy large quantities of that. Do you have any recommendations on how we stop that?

Mr. ANDERSON. Mr. Chair, Congressman Gutknecht, I actually do not. It's one of those illusive things that evades us in many, many issues, whether it's sales tax issues or drug issues. You know, the Internet is something that didn't exist even just a few years ago, and now it's very widely used by many, many people, and I do not know how you get a handle on that.

Mr. Chair, Congress Gutknecht, if I could make one more comment with your permission?

One of my members was in town on Friday and they provided service to retailers so that by just swiping a driver license on a return they can check very effectively for fraud and abuse. They're actually now working on technology which might help to also use that same system to track sales of purchases of pseudoephedrine product. Minnesota law requires logging if you buy a caplet or a tablet form. But, again, it's something that is probably not effective in terms of stemming the tide because people can buy two boxes in a large city at Snyders and go across the street to Target and buy two boxes and to another neighborhood and buy two boxes, and, yes, they log every place, but every previous retail store has no idea that they just bought two boxes somewhere else.

And, so, if you really want to get a handle on that, and I know this gets into privacy issues and all of that, you have to have something which shows instantaneously that somebody just bought in these specific locations, otherwise the logging is very limited in terms of its use, unless you're using it to find information about prosecuting people for having purchased too much.

Mr. GUTKNECHT. Well, let me just say that in the end I think trying to limit the ability of people to get drugs, whether it's heroin or cocaine or pseudoephedrine or whatever, is of limited success. Ultimately I think it's programs like Ms. Lindbloom's that really is going to start to make a difference, we hope, and what we're really looking for, I think, at Federal levels are examples of success, and if we can encourage kids and other folks not to get started, it saves us a whole lot of problems on the other end.

So I don't have any further questions, but I want to thank all of you for coming to testify. I think this has been a very, very good hearing. Thank you.

Mr. SOUDER. Congresswoman McCollum.

Ms. MCCOLLUM. Thank you, Mr. Chair.

Mr. Chair, before we conclude and wrap up the testimony, I want to offer to try and let the members of this committee to ask Chairman Hyde for a hearing, in either full committee or subcommittee,

to deal with the super lab problem with the Mexican traffickers. I know you've heard this before, because I always check and see what's out on your Web site, what the committee has been working on, and one of your committees a drug enforcement person from the DEA, and I quote him, says perhaps the greatest emerging drug threat from Mexico is the production of methamphetamine sale and trafficking here in the United States.

So we need to look at this internationally at the same time as we're looking at what we're doing internally here.

We heard of many costs, Mr. Bushman, and we're going to maybe try to put them together, from after school to drug court to locking people up. But you and I had a conversation in my office, and I mentioned it at the hearing that Mr. Souder had back in Washington that I was able to participate in, talking about what we don't know about methamphetamine. We don't know its long-term effects on children who have been exposed to it. We don't really know how to treat this addiction because it's unlike any other, and the CBC is working on it. But you and I talked about law enforcement officers, social service people coming in later on and dealing with either cleanup for social service or their arrest that your offices are facing.

Could you tell me, are we any further along in identifying this as a hazardous substance for law enforcement, if there's been any progress made in the past years to either have this flagged out on a health record so that we take care of people in the future or if you're seeing increased exposure and starting to see the long-term risks?

Mr. BUSHMAN. I can answer that question in a couple of ways, Congressman McCollum. We know that the substances and the chemicals that they're using to make methamphetamine are hazardous, and we know just based on the training what will happen to ether, what can happen with paint thinner, how dangerous anhydrous ammonia is, and I suppose the greatest stride that we've made with this is we've put a lot of effort, a lot of time and a lot of money into training the First Responders about the dangers and how to protect themselves from the pathogens, from the chemicals, from the residuals.

Years ago when I started my career, when we had a meth lab, we walked in dressed as we were and we took it apart, and it smelled bad. You know, we knew that. Now we understand what the dangers are. Unfortunately, I still think we're at the point where it's new enough where we don't know what the long-term effects can be to a person who day in and day out responds to meth labs.

I am familiar with cases there our DEA agents, that our police officers around the country that have had problems that they attribute to exposure to hazardous chemicals, lung problems, liver problems, blood diseases. Now that we use the protective gear, now that we're more careful, it's going to be a few years before we really know if we're doing the right thing or what the long-term effects of this are.

When you go back and look at the people that we arrest or the children that we take out of these houses, I mean, the damage and the problems caused by meth labs to those people, they're evident.

Talk to the people in child protection, talk to the doctors, talk to the nurses that treat these people and see the problems these kids are having from crawling around on carpets or on floors that are full of residuals from producing methamphetamine, the acids, things like that.

I do a lot of training for First Responders, for law enforcement, for medical personnel, and I show this tape that shows how methamphetamine is made, and the comment I always get is I can't believe that people would actually snort that stuff or shoot it up their veins when it's made with acid, it's made with all the chemicals.

So the immediate effects from the abuse and the use, we know what they are. The long-term effects from being exposed to it in a more controlled situation with the protective gear over the lifetime or a career of an agent or First Responder, I don't think we've had enough time to really look at that, but that's something that we are checking. When our people do respond, they fill out a form notifying their department through workers' comp that I've been exposed so should something happen later that they can attribute to it, the information is there as to when they were exposed, what they were exposed to and what kind of chemicals they were.

Mr. SOUDER. Thank you. I take it that one of the things that happens if you're exposed you grow a mustache?

Mr. BUSHMAN. It used to be a beard, but I haven't done it for a while, so—

Mr. SOUDER. Mr. Kennedy.

Mr. KENNEDY. Well, I thank the panel for all your work, for your testimony here. It takes a unified effort of all parties and Minnesota has had some great collaboration. So I congratulate you all.

I also want to mention, Mr. Bushman, you were mentioning the U.S. Attorney and the great work that you do with him, and I just want to recognize that we have with us U.S. Attorney Heffelfinger with us here today and thank him for—and all of you for your great service.

My first question to you, Mr. Bushman, enforcement, we get these guys, do we get the penalties, is there too much friction between once we've found somebody who has done harm getting this poison into our communities and what we can do, and are the penalties stiff enough to be deterring, and we've already identified if we're sending them to Mexico, they're coming right back, so we've got to work with Mexico to make sure they keep them locked up. But from a penalty perspective here in America, what advice or thoughts do you have?

Mr. BUSHMAN. Well, in Minnesota, particularly, we're talking about, really, two systems. You know, we have the State laws where the majority of our drug offenders are prosecuted, charged and incarcerated, and then we also have the Federal system. But I think that we've had enough time working together between the systems where we really try to find the best place for the offender.

U.S. Attorneys office, the Federal courts have been very good about helping us with the worst of the worst, and the other thing that I really credit them with is over the past few years, especially with the methamphetamine problem, we've seen a lot more Federal prosecutions in the rural areas where they're not as well equipped

to deal with the investigation and the prosecution as some of the urban and suburban areas are.

Federal penalties are stiffer, Federal penalties are longer, more consistent. When you get into the State courts, there's a lot more latitude for each district, for each judge to do more of what they believe is appropriate, and you'll find that there is probably a big disparity in how sentencing or how charging occurs in the State court system, but I really think that with all the task forces we have, with as much time as we spend with the prosecutors, we really have—given the systems that we have, we've been able to strike a balance to make them work in the most effective manner that we can right now. You'll talk to some cops that would like to see a lot stiffer penalties, but like I said, we also realize that treatment and education are big parts of trying to win this meth battle. As I've said and as the sheriffs and other people have said here, we're never going to arrest our way out of the drug problem. It's a multifaceted and comprehensive approach, and that's how we need to look at this. Let's look at what's working, not only here in Minnesota, what's working around the country, and let's try to build that into a model that works best for us and, hopefully, for everybody.

Mr. KENNEDY. Thank you.

Mr. Miller, could you talk, how does the drug court—you know, we're using it differently here in Minnesota. Why is that better and how does it relate to what Mr. Bushman just talked about in terms of the Federal and the State, you know, different forms of applying penalties?

Mr. MILLER. Thank you, Congressman Kennedy.

I think that when you just take away all the rhetoric, drug courts exist to get people into treatment sooner and keep them there longer. They are alternative sentencing programs, by design intended to serve as an alternative to an incarcerative response. That is no secret. They exist for that very purpose.

I think that leveraging treatment with criminal justice involvement is promising. I personally think that we're on the right track. It is especially promising when you can cherry pick the people for your drug court. If you can find the right and perfect people to be in your drug court with the right and perfect treatment and right and perfect criminal justice leverage, you're going to get fantastic outcomes.

We haven't had that good fortune in Minneapolis. We designed a drug court that was intended to have community impact, and so we have a broad target population, broader than any other target population of any other drug court across the globe, and so progress is incremental with this group.

Are penalties stiff enough? I think that they are, and I think we would be wise to use those stiff penalties for the people who need them, and sometimes we miss the mark. Sometimes we end up not using the coercive power of the law to its fullest benefit. But for most of the people I see tangled up in this methamphetamine stuff, treatment is an effective response. We are—you know, I think we've come to believe, as we did when the crack cocaine epidemic hit, that we didn't have treatment that would work, we didn't have treatment that worked. The problem is we have treatment that's

very short term, and so the lesson we're learning, once again, is the need to elongate treatment, that we need treatment. The majority of people, for example, indicate a minimum of 90 days, and then after that your outcomes get better. I like to think that it's 6 months minimum, and so our struggle is to find long-term treatment.

It's no secret as well that we have cutoff treatment funding for the working poor. In Hennepin County we helped pay for treatment services for the poor for decades, but now those funds have dried up, and so our struggle is to get effective treatment available to people and long-term effective treatment.

Mr. KENNEDY. Thank you.

Mr. SOUDER. Is your drug court, then, involuntary as well as voluntary?

Mr. MILLER. It is involuntary. All felony drug offenders are included in our drug court. The way you get out of the Hennepin County Drug Court is you go to prison.

Mr. SOUDER. I want to encourage you, I know the temptation across the country is to kind of cook statistics, and because everybody wants a great success rate, and when you look at the drug courts, their success rates don't, in many cases, don't even approach 50 over the long term or less, but when you hear about treatment programs where people go through 16 times, I personally have never heard on the street or anywhere when a drug dealer who has been through 6 or 7, all of a sudden 30 percent looks really good. By keeping straight statistics, people shouldn't expect miracles when we deal with people who have been addicts in many cases for many years.

In drug court certainly, in real numbers to real numbers, I believe it has had the most success because it combines threat of enforcement but also gives alternatives to people, and that kind of combination, I think, is why it has been successful.

Mr. Bushman, have you worked with any of the OCDETF task forces here in Minnesota?

Mr. BUSHMAN. Many times. Myself as a DEA task force agent, I have conducted many OCDETF investigations throughout probably the 15 years that I've been assigned over there. It's a tool that we use quite readily here. I believe it has been real successful. As with any other program, you always like to see more money when you're doing a big investigation. But it is something that we do use. The U.S. Attorney's Office has a number of OCDETF attorneys who are in charge of that program whom we've worked with very closely, they're all very good prosecutors. So it's a program that we use quite regularly here.

Mr. SOUDER. Mr. Miller, you said that 50 percent of your meth cases were women, is that correct, or 50 percent of the people coming in the drug court going to treatment were meth with women, but only 20 percent with men. Why do you think that is true?

Mr. MILLER. What I intended to say was that of all the chemical health assessments we do, put them all together, the underlying drug of choice for all of them is 20 percent methamphetamine. For women, however, the underlying drug of choice, the underlying factor—

Mr. SOUDER. Primary.

Mr. MILLER. Primary is methamphetamine.

Mr. SOUDER. Why do you think that is?

Mr. MILLER. Well, I think it was touched on earlier. I think so many women find their way into the use of this substance as a weight reduction strategy. As sad as it may sound, a lot of the young women I'm talking to were first introduced to the use of methamphetamine as a way to depress hunger.

It's also really readily available in bars. I mean, it's no secret that this drug is a drug that can be had in local pubs and bars. To buy crack cocaine or to buy cocaine, it's a little riskier proposition, but this particular drug is accessible through less risky avenues.

It's also a drug that I think just has appeal to women because it's just not such a nasty drug. You smoke it, for the most part. Overwhelmingly, in our drug court most of the people who use it smoke it. So the route of ingestion is considered to be a little less nasty. I mean, you don't have to necessarily have a crack pipe to smoke this stuff, so—and beyond that I'm not sure.

Mr. SOUDER. Ms. Lindbloom, do you see this as a smaller—in a place like Austin itself, disproportionate use?

Ms. LINDBLOOM. I think we're seeing an increase in some of the girls, and some of the more alarming cases are—an example, we had a superstar, captain of the swim team, an A student, from a middle to upper middle class family, connected—and got connected with it, and, of course, within 6 months was 90 pounds and on her death bed.

Certainly, it's become more and more popular with the girls, and we're seeing it. The reason they're giving is the weight loss thing. Our students are saying it's a great way to—because it's exam time, it's a great way to keep ahead of the pace of pressures from school, college students as well. So I think the weight piece is big with our young women.

Mr. SOUDER. Mr. Bushman, could you relate what we just heard to what kind of sales networks are different than if you're selling to kids for tests, girls, women at bars, that kind of the traditional vision of how drug networks would work, you wouldn't necessarily think that you'd see the same dealers?

Mr. BUSHMAN. You won't, but when you look at how pervasive the meth problem has gotten to be, like I told you before, it used to be if you were in a rural area, you were pretty well insulated from large volumes of drug sales and large numbers. It's not true anymore with meth. There are a lot of people in the rural areas that have turned to it, also. Case in point, we had one a couple of years ago where a guy in a rural area had a custom combining business, and you got to make those machines work at harvest time, and he turned to meth to start using it as a way to stay awake longer and make those machines run more. Well, pretty soon he developed a habit, and pretty soon he was selling and giving to his friends, to people that worked for him. Eventually he couldn't get the supply he needed. He turned to Mexican suppliers, and all of a sudden he's looking at going to Federal prison along with a whole bunch of other people involved in this methamphetamine deal. Very, very atypical of people that for years we've seen starting using drugs early in their life and just continuing on with

it, and several stories like that. The women with the weight loss, you know, I've seen many, many of them come through the system. That's how they started. Before they knew it, they were hooked up. They were trying to lose a few pounds, and by the time it was done, they'd lost their family, they lost their house, lost their self-respect and everything else just because of the lure of this drug. And I said these aren't all people in the cities, these are people from rural America, from some of the smallest, poorest counties and cities that we have that have been bitten by this plague, and their distribution network ends up being the friends that they hang around with at the bowling alley, people they rub shoulders with in the businesses downtown, that they have drinks with at the Legion club. I mean, it's just gotten into parts of society that up until this scourge were pretty much safe from the crack cocaine, the heroin and the other drugs that we've typically dealt with over the years.

Mr. SOUDER. Years ago we had one case in a rural part of my district where it looks like the motorcycle gangs, basically, got a person through pharmacy school and bought a local pharmacy. Have you seen any of that here?

Mr. BUSHMAN. Well—

Mr. SOUDER. Because that would be a logical thing to do, would be to penetrate a different type of network.

Mr. BUSHMAN. It's no secret that for years the motorcycle gangs ran the meth trade in the United States. We just finished an OCDETF investigation with Mr. Heffelfinger's office and the Hells Angels and their source were Mexican traffickers who were supplying the Hells Angels and bikers with methamphetamine, and we just finished an OCDETF case and sent a lot of people away on that case, and that's just one of the trends. It went from them controlling to now being consumers and middlemen.

Mr. SOUDER. You haven't seen anybody taking over a pharmacy?

Mr. BUSHMAN. No.

Mr. SOUDER. Any other questions? Well, I thank you each for coming, and I encourage you, like I did on the first panel, if you have anything written for the record—and, Attorney Heffelfinger, if you have anything you'd like to submit or submit a statement, we'd love to have that and your experiences in the U.S. Attorney's Office, also any help or additional help—the U.S. Marshals often get lost in this, but without marshals to help, do that process, we lose the Federal cases, and, clearly, as we go to bigger networks we need to know how you're handling that out of the U.S. Attorney's Office.

Mr. HEFFELFINGER. Chairman Souder, could I inquire?

Has the committee inquired of the Department of Justice and the U.S. Attorney General to give testimony either here in Minnesota or elsewhere on this issue? Our lead U.S. attorney is a gentleman named Greg Scott out of Sacramento who represents a largely rural district and can comment effectively. I'm more than happy to provide comment on Native American issues or Minnesota-specific issues, if the committee wants.

Mr. SOUDER. Let me quickly swear you in so we have that.

[Witness sworn.]

Mr. SOUDER. The answer is yes, the U.S. Attorneys have testified a number of times. Our first hearing—actually, we’ve done two at the very—this was probably 6 years ago in Sacramento, and we’ve since been back up there once because the super labs in California started—in fact, one hearing we had in southern California not that long ago, it was interesting because we had so many California undercover people that some of the drug groups came in and were taking pictures, and they, basically, ran them down outside of our hearing and nailed a couple other guys who were trying to get all the other undercover officers at one place.

But we’ll continue to work with U.S. Attorneys. We’ve met with them in the office several times, but we’re very interested in the Native American groups, who historically have been hammered by different variations of drug and alcohol. Also, if there’s any inter-relationships up on the north border. It’s more of a problem over in New York State, but looking at how organizations may move because we didn’t necessarily think of their border there and their historic relationships. So if there’s any information on that, too.

Mr. HEFFELFINGER. Mr. Chairman, if I could, the procedure I have to follow is if you wish written comment from me, somebody from your staff will have to contact the executive office.

Mr. SOUDER. We’ll ask you. Do you have any good questions you want us to ask you if you could give it verbal?

Mr. HEFFELFINGER. But being here, if I could get 1 minute just to supplement the record on several points that the members of the committee asked.

First of all, we do not—this is not a HIDTA State, so we do not have the benefit of that institutionalized communication. However, Minnesota has a legacy of law enforcement cooperation that covers all levels of law enforcement, and narcotics is probably the first and foremost on that.

One of the things that’s marvelous about the new legislation that was passed by the legislature this last session was creating a steering committee, like a board of directors for the group. One of the organizations on that steering committee is the U.S. Attorneys Office. So the coordination between State and Federal has been and will continue to be tremendous.

One of the areas that you inquired about is where the Federal Government could be of support. In the HIDTA program one of the things that Congress has funded is aggressive intelligence gathering and information sharing amongst the HIDTA members. Where there is no HIDTA in States like Minnesota, we are left to jury-rig those systems. The legislation that the legislature passed will provide us with the framework for enhanced intelligence gathering and information sharing, and this is an area where, frankly, Congress could be of great assistance. It is not effective in any kind of drug interdiction and, in particular, in meth where you have the combination of local impact labs and national impact major labs, if you will, the Mexican organizations to operate these in a reactive mode. Rather, we need to be doing our narcotics interdiction on a proactive mode.

I share, being a district—Minnesota is a Federal district that covers all four corners of the State. Therefore, about half of the constituents that I represent are rural and half are urban. We are

seeing not only the very, very significant impact on local communities about which you heard today, but we are seeing a rapidly increasing impact of methamphetamine in the urban areas.

One thing that has not been mentioned today that I think is worthy of your consideration, and I know that other committees within Congress have focused upon this, actually, maybe this committee, is the impact of gang activity and street gang activity on the distribution of narcotics generally and on the distribution of methamphetamine specifically. We have found, for example, in Minneapolis one of the reasons that the African American community is still largely utilizing crack cocaine and marijuana is that the African American gangs are largely distributing crack cocaine.

Now, as that changes, as we see methamphetamine increasingly being distributed by street gangs, be they Mexican street gangs or African American or Asian or Native American, we are seeing in the urban area an increase in this type of activity. Therefore, I would urge Congress to look at these as related challenges, not independent challenges.

Finally, I happen to chair the Native American Issue Subcommittee amongst the U.S. Attorneys. In other words, I'm the lead Federal prosecutor for Indian country. We held a 3-day summit approximately 2 years ago in Rapid City to focus on the incidence of drugs, guns and gangs in Indian country.

Native American communities are no different from rural America. In fact, the methamphetamine problem as we have identified it is largely a western phenomenon moving east, with the exception, obviously, of the influence of motorcycle gangs nationally, and historically more and more, one of the reasons this doesn't seem to have gotten the attention in Washington, in my opinion, than other drug phenomena is this has been largely a western phenomenon moving east.

Most of the Native American communities in the Nation are in the western part of the country. They share all of rural America's challenges in being rural, and because of the incidence of confusion over who has law enforcement responsibility within Indian country and the scarcity of law enforcement resources for most Native American communities, the challenges of methamphetamine or any kind of drug, which marijuana, for example, is in—hides in cultivation within Native American communities. These challenges are all the more pressing when applied in Indian country.

We found in our South Dakota hearing, for example, as we focused on the meth problem and the drug problem primarily in the Pine Ridge Rosebud Reservation, that the meth was coming across Interstate 90 from Seattle and was being dropped off in the reservations across the country.

Therefore, I urge the committee as it focuses on this as a national problem, as it focuses on this as a rural problem, to consider the Native American communities are fully involved in this problem and the challenges that they face in dealing with drug interdiction are a significant challenge because of the issues I cited; and if the committee would like me to put any of these comments to writing, I would be happy to.

Mr. SOUDER. Have you used RICO on any of the gangs?

Mr. HEFFELFINGER. We have not used RICO in this district. We have found that RICO is a marvelous statute in the appropriate case, but it has some challenges when it comes to proving it, that we found that conspiracy in other more standard rules have been appropriate.

We do have a significant OCDETF presence here in Minnesota. The U.S. Attorneys Office history over the past 5 years has been that methamphetamine is our largest quantity of drug. But the drug we prosecute most frequently, I should say, that increase in methamphetamine as the No. 1 drug is only growing, and our OCDETF work which is so voluminous that we just got another position of Assistant U.S. Attorney to do this work, mirrors that drug of choice problem, increasingly methamphetamine, and it is state-wide.

Mr. SOUDER. Thank you very much for that information. It was fascinating, and one of the interesting things and you just raised it again, that these drug groups work like big trucking companies.

I have a business background. In fact, it's great to be back in Minnesota. I started here after graduate school as marketing manager for Gabberts Furniture in Edina, and Yakima and the Tri-Cities area in Washington State is like this huge hub. They bring this stuff all the way up from Mexico. BC bud marijuana comes down in tons from British Columbia. They do all these swaps of guns, cocaine, heroin, methamphetamines coming up in the super meth, and then we're seeing it like you described it going all across the upper Midwest.

In multiple counties in my district in Indiana, we have it coming from Yakima and the Tri-Cities area, you would think that they could find a better way to Indiana than going up to Washington State and then back down. Congressman Deal, who at one point was vice chairman from Gainesville, GA to Atlanta, also there they are coming from Washington State, and it is this phenomena of certain families in distribution networks, certain communities, and like various different trucking patterns and distribution networks, and in effect that's why OCDETF and organized crime areas have to get to the underneath of this because we're just going to drown trying to tackle individuals going to court, trying to address our kids. We've got to get at the larger networks involved and how the information is getting in as this kind of experiment.

The one thing that I would add just slightly is that I think that it's correct to say that it's certainly moving west to east, but it was also moving out to in from rural to suburban to urban, which meant that even in States like Colorado, Denver wasn't engaged, even Des Moines, IA was not as engaged, Omaha is only becoming engaged in Nebraska, New Orleans is not engaged in Louisiana, Nashville, Memphis and Knoxville weren't in Tennessee, Indianapolis, Ft. Wayne, IN, it was in the small areas. So even in a given State you would only have a few Congressmen who were just—like in my district it's the TV news lead story every single night. There isn't a day that we don't have major meth takedowns, and so what we're starting to see as this moves east and starts to move into the suburbs and the city, there's much more of a reaction in Congress that we've built to a threshold much like what you're seeing in some of the State legislature.

So thank you for being part of this. I want to thank the members in Minnesota who have been very aggressive in trying to get our attention, and it's been great testimony at a very critical time, and anything else you'd like to submit for the record, and we'll get some additional written questions out as our supplement and followup.

The subcommittee stands adjourned.

[Whereupon, the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]



U.S. Department of Justice
Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

December 23, 2005

The Honorable Mark E. Souder
Chairman
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

This responds to the questions for the record directed to Timothy J. Ogden, Associate Special Agent in Charge of the Chicago Field Division of the Drug Enforcement Administration (DEA), following his testimony at the June 27, 2005 field hearing in Minnesota entitled, "Fighting Meth in America's Heartland: Assessing Federal, State, and Local Efforts."

1. Please provide the Subcommittee with the total number of meth labs reported to the El Paso Intelligence Center (EPIC) by each county in Minnesota during 2003 and 2004.

Attached are the meth lab seizures and related incidents (Chemicals/Glassware/Equipment and Dumpsites) for each county in Minnesota as reported to the El Paso Intelligence Center's (EPIC) National Clandestine Laboratory Seizure System for CY 2003 and CY 2004 (as of September 13, 2005). Counties that did not report any lab seizures or meth-related incidents are not included on the "Seizures By County" report.

As noted in the hearing of June 27, 2005, the reporting of meth labs and meth-related incidents to EPIC by State and local law enforcement agencies is voluntary.

2. How many investigations or cases targeted at the trafficking of methamphetamine have received any funding under the Organized Crime Drug Enforcement Task Force (OCDETF) program in Minnesota, since 2003?

Since FY 2003, the Department of Justice's OCDETF program has funded 39 methamphetamine investigations in the District of Minnesota in the form of OCDETF agent or Assistant United States Attorney resources, operational funding, and/or state and local overtime funding. That number includes 18 methamphetamine investigations conducted by the DEA's Minneapolis district office.

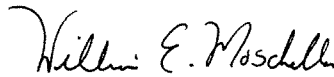
The Honorable Mark E. Souder
Page 2

The goal of the OCDETF program is to identify, investigate, and prosecute the most significant drug trafficking and money laundering organizations and their related enterprises, and to disrupt and dismantle the operations of those organizations in order to reduce the drug supply in the United States. This goal is accomplished by:

1. Fostering improved interagency coordination and cooperation in the investigation and prosecution of major drug trafficking, money laundering, and related cases; and
2. Supplementing Federal resources for the investigation and prosecution of major drug trafficking, money laundering, and related organizations.

Thank you for the opportunity to supplement Mr. Ogden's testimony. The Office of Management and Budget has advised that there is no objection to the presentation of these responses from the standpoint of the Administration's program. If we may be of additional assistance, please do not hesitate to contact this office.

Sincerely,



William E. Moschella
Assistant Attorney General

Enclosure

cc: The Honorable Elijah E. Cummings
Ranking Minority Member

Date Range: 01/01/2004 - 12/31/2004

Seizures By County

Report run on: September 13, 2005 2:22 PM

Methamphetamine

State: MN Total: 167

County	Seizure Type	Chem/Glass/Equipment	Dumpsite	Laboratory	
AITKIN		0	1	2	3
ANOKA		0	3	13	16
BECKER		1	0	0	1
BELTRAMI		1	0	1	2
BLUE EARTH		1	0	2	3
BROWN		1	0	1	2
CARVER		0	0	1	1
CASS		0	0	1	1
CHISAGO		0	2	3	5
CLAY		1	1	0	2
CROW WING		0	0	1	1
DAKOTA		0	0	4	4
DODGE		0	0	4	4
DOUGLAS		1	0	0	1
FARIBAUT		1	0	1	2
FILLMORE		0	2	1	3
FREEBORN		2	0	4	6
GOODHUE		0	0	1	1
GRANT		1	0	0	1
HENNEPIN		0	0	2	2
HUBBARD		1	0	1	2
ISANTI		0	6	4	10
ITASCA		1	0	0	1
JACKSON		0	0	1	1
KANABEC		1	2	1	4
LAKE OF THE WOODS		0	0	1	1
LE SUEUR		0	0	4	4
LYON		0	1	0	1
MARTIN		0	0	1	1
MILLE LACS		1	1	3	5
MORRISON		1	0	0	1
MOWER		0	0	2	2
MURRAY		0	0	1	1
NICOLLET		1	0	0	1
OLMSTED		3	7	10	20
OTTER TAIL		0	0	3	3
PINE		1	0	0	1
PIPESTONE		1	0	2	3
POLK		0	3	5	8
RAMSEY		0	0	1	1
RED LAKE		0	1	0	1
REDWOOD		3	1	0	4

Report Generated by EPIC's National Clandestine Laboratory Seizure System

Date Range: 01/01/2004 - 12/31/2004

Seizures By County

Report run on: September 13, 2005 2:22 PM

Methamphetamine

State: MN Total: 167

County	Seizure Type	Chem/Glass/Equipment	Dumpsite	Laboratory	
RICE		0	0	1	1
SAINT LOUIS		0	1	2	3
SCOTT		0	0	1	1
SHERBURNE		2	0	2	4
STEVENS		0	0	1	1
TODD		0	0	1	1
WABASHA		1	0	2	3
WADENA		0	1	0	1
WASHINGTON		0	0	2	2
WATONWAN		1	0	0	1
WRIGHT		4	4	4	12
		32	37	98	

Total: 167

Date Range: 01/01/2003 - 12/31/2003

Seizures By County

Report run on: September 13, 2005 2:21 PM

Methamphetamine

State: MN Total: 305

County	Seizure Type	Chem/Glass/Equipment	Dumpsite	Laboratory	
AITKIN		0	0	1	1
ANOKA		3	1	8	12
BECKER		0	0	2	2
BELTRAMI		3	0	1	4
BENTON		0	0	1	1
BLUE EARTH		3	0	9	12
BROWN		1	0	1	2
CARVER		0	0	1	1
CASS		2	0	2	4
CHIPPEWA		1	0	0	1
CHISAGO		6	7	5	18
CLAY		1	1	6	8
COOK		1	0	0	1
CROW WING		1	0	2	3
DAKOTA		1	0	7	8
DODGE		0	4	8	12
DOUGLAS		0	0	2	2
FILLMORE		0	0	2	2
FREEBORN		5	0	2	7
GOODHUE		0	0	3	3
HENNEPIN		1	0	5	6
HOUSTON		0	0	1	1
HUBBARD		1	0	2	3
ISANTI		1	1	3	5
JACKSON		0	0	1	1
KANABEC		1	0	2	3
KANDIYOHI		0	0	2	2
KITSON		1	0	0	1
LE SUEUR		1	0	8	9
LINCOLN		1	0	1	2
LYON		0	2	4	6
MARSHALL		0	0	2	2
MARTIN		0	0	1	1
MCLEOD		0	0	1	1
MEEKER		1	1	3	5
MILLE LACS		1	0	4	5
MORRISON		0	1	1	2
MOWER		1	1	1	3
MURRAY		0	0	2	2
NICOLLET		0	0	1	1
NOBLES		0	0	1	1
OLMSTED		0	0	1	1
		8	33	16	57

Report Generated by EPIC's National Clandestine Laboratory Seizure System

Date Range: 01/01/2003 - 12/31/2003

Seizures By County

Report run on: September 13, 2005 2:21 PM

Methamphetamine

State: MN Total: 305

County	Seizure Type	Chem/Glass/Equipment	Dumpsite	Laboratory	
OTTER TAIL		0	0	1	1
PINE		1	0	9	10
PIPESTONE		1	0	0	1
RAMSEY		1	2	2	5
REDWOOD		0	0	1	1
RENVILLE		0	0	1	1
ROCK		0	0	1	1
ROSEAU		0	1	2	3
SAINTE LOUIS		2	1	0	3
SCOTT		0	0	2	2
SHERBURNE		4	2	4	10
STEARNS		2	0	7	9
STEELE		1	0	0	1
STEVENS		1	0	0	1
WABASHA		0	1	5	6
WADENA		0	0	1	1
WASECA		1	0	1	2
WASHINGTON		1	0	1	2
WILKIN		1	2	1	4
WINONA		0	2	1	3
WRIGHT		6	0	8	14
YELLOW MEDICINE		0	0	1	1
		68	63	174	

Total: 305

SENATOR JULIE A. ROSEN

Senate District 24

23 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155-1206
Phone: (651) 296-5713
Fax: (651) 296-4239
E-Mail: sen.julie.rosen@senate.mn



Senate
State of Minnesota

June 29, 2005

Honorable Mark Souder
U.S. House of Representatives
2231 Rayburn House Office Building
Washington, D.C. 20515

Dear Honorable Souder,

I would like to thank you once again for the opportunity of testifying at the subcommittee meeting on Monday. It is very encouraging to see that the federal government is working on a plan to fight the scourge of methamphetamine throughout the nation.

Per the subcommittee's request, I have enclosed the Minnesota 2005 methamphetamine legislation that was signed into law by Governor Pawlenty on June 2nd. Also enclosed is a spreadsheet of the costs the state accrues from meth labs and federal Hot Spots figures for Minnesota, Iowa, and Wisconsin for 2005.

I would also like to take this opportunity to reiterate the necessity to support our efforts by giving us the tools needed to continue our commitment to fight this insidious drug. It is vitally important we receive:

- 1) A national clearinghouse for meth related materials and a national website. Information must be current and readily available for easy access. This is extremely important for educating the masses to the dangers of meth.
- 2) Access to "Partnership for a Drug Free America" information. Minnesota has the venue to disseminate this information through the Minnesota Prevention Resource Center
- 3) More complete guidelines for clean-up measures and standard contamination levels. This is tremendously important when dealing with the children present and the effects these children will face due to exposure to the hazardous materials.

COMMITTEES: Agriculture, General Legislation and Veterans Affairs • Jobs, Housing and Community Development • Environment, Agriculture and Economic Development Budget Division

SERVING: Blue Earth, Faribault, Martin, Waseca, and Watonwan Counties

I ask that the federal government provide treatment guidelines that will assist states to develop successful programs. There are several treatment programs in Minnesota that have been exhibiting relatively successful outcomes, including: the Challenge Incarceration Program at Willow River, a boot camp facility through the Department of Corrections; Minnesota Teen Challenge; Project Turnabout in Granite Falls; Hazelden; and a meth treatment facility in Olmstead County.

Federal funding on many levels is vitally important. There should also be less disparity in the funding between states. It is very disheartening that the entire state of Minnesota received a tenth of what one or two counties in Wisconsin received for 2005 in Hot Spots money. Additionally, funding for treatment should be adequate because treatment is the best way for a person defeat the addiction of methamphetamine.

As was discussed at the hearing, the federal government must crack down on the pseudoephedrine coming into the United States, both legally and illegally. Eighty percent of the total amount of pseudoephedrine manufactured in the world comes to North America, and much of that is used to manufacture meth in the Mexican super labs.

Please remember that any federal legislation that is passed must not preempt the hard work states put forth to pass their methamphetamine legislation.

Once again, I would like to thank you and your colleagues for your commitment to helping states fight the methamphetamine pandemic. I wish you the best of luck in your pursuit of crafting and passing a bill that help alleviate meth in the United States.

Sincerely,



Julie Rosen
State Senator

Cc:

Senator Norm Coleman
Senator Mark Dayton
Representative Gil Gutknecht
Representative John Kline
Representative Jim Ramstad
Representative Betty McCollum
Representative Martin Sabo
Representative Mark Kennedy
Representative Collin Peterson
Representative James L. Oberstar

FFY 2005
Congressional
Earmarks for METH

752

(In thousands of dollars)

Program	FY 2004 enacted	FY 2005 request	House	Senate	Conference
Grand total	748,324		686,702	755,969	606,446

COPS Hiring Program.—The conference agreement includes \$10,000,000 for the hiring of law enforcement officers, of which \$5,000,000 shall be for school resource officers.

Police Corps.—The conference agreement includes \$15,000,000 for the Police Corps program. The conferees expect that the Police Corps training curriculum will incorporate all relevant training portions of the National Criminal Intelligence Sharing Plan.

Indian Country.—The conferees recommend that 5 percent of COPS funds be provided directly to tribal judicial systems to assist Tribal Courts with the caseload associated with increased arrests as a result of more stringent tribal law enforcement.

Methamphetamine Enforcement and Clean-Up.—The conference agreement includes \$52,556,000 for State and local law enforcement programs to combat methamphetamine production and distribution, to target drug “hot spots,” and to remove and dispose of hazardous materials at clandestine methamphetamine labs.

Within the amount provided, the conference agreement includes \$20,000,000 to reimburse the Drug Enforcement Administration (DEA) for assistance to State and local law enforcement for proper removal and disposal of hazardous materials at clandestine methamphetamine labs.

In addition, within the amount provided, the conferees expect the COPS Program Office, in consultation with DEA, to examine each of the following proposals, to provide grants if warranted, and to submit a report to the Committees on Appropriations on its intentions for each proposal:

\$2,000,000 for a Washington State law enforcement methamphetamine initiative;

\$2,000,000 for the Methamphetamine Task Force in East Tennessee, to fight the spread of meth labs in this region;

\$250,000 for the Indiana State Police meth enforcement team;

\$300,000 for the Clackamas County, OR, Methamphetamine Initiative: Community Prosecution;

\$1,000,000 for the Minot State University Rural Methamphetamine Education Demonstration Project in North Dakota;

\$300,000 for the COPS Methamphetamine Drug Hot Spots Program in AR;

\$600,000 for the Marion County, OR, Methamphetamine Forensic Lab Enhancement;

\$6,000,000 for the Comprehensive Methamphetamine Response in HI;

\$1,500,000 for the Methamphetamine Clandestine Lab Task Force in IA;

\$600,000 for the Virginia State Police, of which \$175,000 shall be for the Northwest Virginia Regional Drug Task Force, and \$175,000 shall be for the Harrisonburg Drug Task Force to assist their efforts in combating methamphetamine;

\$2,000,000 for the Partnership for a Drug Free America to provide technical assistance to State and local law enforcement to address meth;

\$160,000 for Winston and Fayette Counties, AL, for a meth initiative;

\$1,500,000 for the California Department of Justice, Bureau of Narcotics Enforcement, for the California Methamphetamine Strategy (CALMS);

\$250,000 for the Mineral Area Drug Task Force;

\$100,000 for the South Central Missouri Drug Task Force;

\$200,000 for the Southeast Missouri Drug Task Force;

\$100,000 for the Bradford County, PA, Sheriff's Department for a meth initiative;

\$250,000 for the Commerce City, CO, Police Department for meth initiatives;

\$250,000 for the Franklin County, MO, Sheriff's Department for Operation CHEM;

\$250,000 for the Regional Training Center in Sioux City, IA;

\$250,000 for the Iowa Office of Drug Control Policy for meth initiatives;

\$250,000 for the Daviess County, KY, Sheriff's Department to combat production and distribution of methamphetamine;

\$250,000 for the Oklahoma Bureau of Narcotics and Dangerous Drug Control Clandestine Laboratory Enforcement Program;

\$250,000 for the Nebraska State Patrol to combat the production and distribution of methamphetamine;

\$250,000 for Polk County, FL, Sheriff's Department to combat the production and distribution of methamphetamine;

\$250,000 for the Oregon Partnership meth prevention program;

\$350,000 for the Pennyrile Narcotics Task Force in KY;

\$300,000 for the Lincoln County, OR, Methamphetamine Intervention and Enforcement;

\$200,000 for the St. Matthews, SC, Police Dept Methamphetamine Initiative;

\$100,000 for the Merced County, CA, "Meth is Death" Project;

\$50,000 for the Lauderdale County, AL, Sheriff's Office Meth Initiative;

\$50,000 for the Colbert County, AL, Sheriff's Office Meth Initiative;

\$100,000 for the Guam Methamphetamine Initiative;

\$100,000 for the Miami Tribe's Meth Hot Spots program;

\$250,000 for the Pulaski County, IL, Sheriff Department Meth Initiative;

\$310,000 for the Fresno County, CA, District Attorney Methamphetamine Initiative;

\$500,000 for the TN 13th Judicial District/Surrounding Counties Methamphetamine Task Force;

\$100,000 for the Woodland, CA, Methamphetamine Enforcement;

\$100,000 for the Combined Ozarks Multi-Jurisdictional Enforcement Team [COMET] in MO;

\$750,000 for the Five County Northern UT Methamphetamine Project;

\$125,000 for Jackson County Methamphetamine Clean-Up in MS;

\$250,000 for the Jackson County Mississippi Sheriff's Department—Narcotics Task Force/Technology;

\$100,000 for Jefferson County, Colorado, Methamphetamine Interdiction & Response;

\$300,000 for the Kansas Methamphetamine Prevention Project;

\$400,000 for the Maricopa County Arizona Meth Funding;

\$250,000 for the Methamphetamine Addiction in MT;

\$1,000,000 for the Mississippi Bureau of Narcotics—Methamphetamine Enforcement;

\$1,000,000 for the MoSmart Board, MO;

\$125,000 for the North Carolina Attorney General Office Meth Program;

\$250,000 for the North Carolina U.S. District Attorneys Meth;

\$200,000 for the State of Minnesota's Methamphetamine Hot Spots Initiative;

\$250,000 for the Statewide Drug Enforcement and Lab Equipment in NE;

\$26,000 for the Wright County Drug Mobile Command;

\$500,000 for the Methamphetamine Montana Initiative;

\$300,000 for the Anhydrous Ammonia Nurse Tank Locks in IA;

\$1,000,000 for the Wisconsin I Methamphetamine Law Enforcement Initiative;

\$300,000 for the Louisiana Methamphetamine Task Force;

\$1,750,000 for the Vermont Drug Task Force; and

\$60,000 for the Coos and Curry Co. METH Reduction, OR;

COPS Interoperable Communications Technology Program.—

The conference agreement provides \$100,000,000 to continue the COPS Interoperable Communications Technology Program being designed and implemented by the COPS Office, in consultation with NIJ's OS&T as well as the Bureau of Justice Assistance. The conferees commend the COPS Office for its coordination with other Federal agencies who deal with public safety interoperability. The conferees believe coordination of Federal efforts is critical to ensure our Nation's safety and a necessity if we are not to fall victim to the pitfalls of the past.

The conferees strongly support the need for minimum standards for law enforcement communications technology. Therefore, OS&T should continue to assist COPS in incorporating existing minimum standards into the formulation of this grant program. Within the amount provided, \$5,000,000 shall be transferred to the National Institute of Standards and Technology (NIST) to continue the efforts of the Office of Law Enforcement Standards (OLES) regarding the development of a comprehensive suite of minimum standards for law enforcement communications.

ESTIMATED 2004 ANNUAL STATEWIDE PUBLIC COSTS RELATED TO METHAMPHETAMINE *recurring cost*

COST COMPONENT	# of Events	Cost/Event Low	Cost/Event High	Total Cost Low	Total Cost High	Total Cost Average
LAW ENFORCEMENT COSTS						
Personnel	5,000	\$4,750	\$4,750	\$23,750,000	\$23,750,000	\$23,750,000
Equipment	5,000	\$100	\$500	\$500,000	\$2,500,000	\$1,500,000
Evidence processing and storage	5,000	\$2,000	\$3,000	\$10,000,000	\$15,000,000	\$12,500,000
Booking fee and jail	5,000	\$250	\$350	\$1,250,000	\$1,750,000	\$1,500,000
Subtotal - Law Enforcement				\$35,500,000	\$43,000,000	\$39,250,000
PROSECUTION COSTS						
Public Defender	4,000	\$2,163	\$2,263	\$8,652,000	\$9,052,000	\$8,852,000
County Attorney	4,000	\$800	\$800	\$3,200,000	\$3,200,000	\$3,200,000
Courts	4,000	\$375	\$450	\$1,500,000	\$1,800,000	\$1,650,000
PSI	3,200	\$300	\$400	\$960,000	\$1,280,000	\$1,120,000
Subtotal - Prosecution				\$14,312,000	\$15,332,000	\$14,822,000
CORRECTIONAL COSTS						
Probation	1,985	\$500	\$1,200	\$992,500	\$2,382,000	\$1,687,250
60 month average sentence @ \$500 - \$1200/year						
Local jails - post-sentence 129 days @ \$55 - \$80/day	1,285	\$7,095	\$10,320	\$9,117,075	\$13,261,200	\$11,189,138
Prison	1,012	\$29,390	\$29,390	\$29,742,478	\$29,742,680	\$29,742,579
Subtotal- Corrections				\$39,852,053	\$45,385,880	\$42,616,966
ENVIRONMENTAL COSTS						
Clean-Up	400	\$6,000	\$11,500	\$2,400,000	\$4,600,000	\$3,500,000
SOCIAL SERVICE COSTS						
TREATMENT						
Assessment	2,790	\$75	\$100	\$209,250	\$279,000	\$244,125
Inpatient (38%)	1,060	\$6,294	\$6,294	\$6,672,899	\$6,672,899	\$6,672,899
Outpatient (42%)	1,172	\$2,692	\$2,692	\$3,154,486	\$3,154,486	\$3,154,486
Extended Care (14%)	391	\$6,264	\$6,264	\$2,446,718	\$2,446,718	\$2,446,718
Halfway House (6%)	167	\$9,625	\$9,625	\$1,611,225	\$1,611,225	\$1,611,225
Subtotal - Treatment				\$14,094,578	\$14,164,328	\$14,129,453
CHILD WELFARE COSTS						
CHIPS (prosecution, public defender costs and court)	800	\$2,500	\$3,000	\$2,000,000	\$2,400,000	\$2,200,000
Home visits, exams, personal items	1,000	\$2,500	\$5,000	\$2,500,000	\$5,000,000	\$3,750,000
Shelter and Foster Care	1,000	\$9,180	\$10,380	\$9,180,000	\$10,380,000	\$9,780,000
Subtotal - Child Welfare				\$13,680,000	\$17,780,000	\$15,730,000
TOTAL				\$119,838,630	\$140,262,208	\$130,050,419
NOTES:						
1. All costs could be considered annual costs for those served by "public systems" in 2004 due to meth abuse. Prison and probation costs compound as they are in effect for an average of 5 years						
2. It is estimated that 50% of the costs are borne by local government and 50% by state government						
3. Costs do not include:						
a. Costs of methamphetamine related crime (sexual assault, domestic violence, burglaries, assault, etc)						
b. Immediate and long term health costs for methamphetamine users and their children						
c. State staff costs (other than for prison and courts)						
d. Treatment costs for insured, private pay and PMAP clientele						
e. Costs for juveniles within the criminal justice system						
4. Some offenders are sentenced to both local jail and probation						
5. Criminal Justice system costs are based upon 5,000 annual arrests and 4,000 felony filings						
6. The number of events and event costs are actual numbers (where available) or reliable estimates. Expert state and local staff were consulted to obtain this information.						

*recurring cost
year after year*

ESTIMATED STATEWIDE PUBLIC COSTS RELATED TO 2004 METHAMPHETAMINE EVENTS - 1yr cost

COST COMPONENT	# of Events	Cost/Event		Total Cost		Avg Cost	
		Low	High	Low	High		
LAW ENFORCEMENT COSTS							
Personnel	5,000	\$4,750	\$4,750	\$23,750,000	\$23,750,000	\$23,750,000	L
Equipment	5,000	\$100	\$500	\$500,000	\$2,500,000	\$1,500,000	L
Evidence processing and storage	5,000	\$2,000	\$3,000	\$10,000,000	\$15,000,000	\$12,500,000	S
Booking fee and jail	5,000	\$250	\$350	\$1,250,000	\$1,750,000	\$1,500,000	L
Subtotal - Law Enforcement				\$35,500,000	\$43,000,000	\$39,250,000	
PROSECUTION COSTS							
Public Defender	4,000	\$2,163	\$2,263	\$8,652,000	\$9,052,000	\$8,852,000	S
County Attorney	4,000	\$800	\$800	\$3,200,000	\$3,200,000	\$3,200,000	L
Courts	4,000	\$375	\$450	\$1,500,000	\$1,800,000	\$1,650,000	S
PSI	3,200	\$300	\$400	\$960,000	\$1,280,000	\$1,120,000	L
Subtotal - Prosecution				\$14,312,000	\$15,332,000	\$14,822,000	
CORRECTIONAL COSTS							
Probation	1,985	\$2,500	\$6,000	\$4,962,500	\$11,910,000	\$8,436,250	2/3L
60 month average sentence @ \$500 - \$1200/year							
Local jails - post-sentence 129 days @ \$55 - \$80/day	1,285	\$7,095	\$10,320	\$9,117,075	\$13,261,200	\$11,189,138	L
Prison 59 - 61 mo. average sentence @ 2/3 served @ \$80.52/day	715	\$95,000	\$98,000	\$67,925,000	\$70,070,000	\$68,997,500	S
Subtotal - Corrections				\$82,004,575	\$95,241,200	\$88,622,888	
ENVIRONMENTAL COSTS							
Clean-Up	400	\$6,000	\$11,500	\$2,400,000	\$4,600,000	\$3,500,000	F
SOCIAL SERVICE COSTS							
TREATMENT							
Assessment	2,790	\$75	\$100	\$209,250	\$279,000	\$244,125	L
Inpatient (38%)	1,060	\$6,294	\$6,294	\$6,672,899	\$6,672,899	\$6,672,899	.8S
Outpatient (42%)	1,172	\$2,692	\$2,692	\$3,154,486	\$3,154,486	\$3,154,486	.8S
Extended Care (14%)	391	\$6,264	\$6,264	\$2,446,718	\$2,446,718	\$2,446,718	.8S
Halfway House (6%)	167	\$9,625	\$9,625	\$1,611,225	\$1,611,225	\$1,611,225	.8S
Subtotal-Treatment				\$14,094,578	\$14,164,328	\$14,129,453	
CHILD WELFARE COSTS							
CHIPS (prosecution, public defender costs and court)	800	\$2,500	\$3,000	\$2,000,000	\$2,400,000	\$2,200,000	.5 S
Home visits, exams, personal items	1,000	\$2,500	\$5,000	\$2,500,000	\$5,000,000	\$3,750,000	L
Shelter and Foster Care	1,000	\$9,180	\$10,380	\$9,180,000	\$10,380,000	\$9,780,000	L
Subtotal-Child Welfare				\$13,680,000	\$17,780,000	\$15,730,000	
TOTAL				\$161,991,153	\$190,117,528	\$176,054,340	
NOTES:							
1. All costs could be considered total event costs for those engaging "public systems" in 2004 due to meth abuse. Prison and probation costs compound as they are in effect for an average of 5 years							
2. It is estimated that 35% of the costs are borne by local government and 65% by state government							
3. Costs do not include:							
a. Costs of methamphetamine related crime (sexual assault, domestic violence, burglaries, assault, etc)							
b. Immediate and long term health costs for methamphetamine users							
c. State staff costs (other than for prison and courts)							
d. Treatment costs for insured, private pay and PMAP clientele							
e. Costs for juveniles within the criminal justice system							
4. Some offenders are sentenced to both local jail and probation							
5. Criminal Justice system costs are based upon 5,000 annual arrests and 4,000 felony filings							
6. The number of events and event costs are actual numbers (where available) or reliable estimates. Expert state and local staff were consulted to obtain this information.							

House File 1: Public Safety Omnibus Bill

7.38 [METHAMPHETAMINE TREATMENT GRANTS.]
 7.39 \$750,000 each year is for grants to
 7.40 counties for methamphetamine treatment
 7.41 programs. Priority should be given to
 7.42 those counties that demonstrate a
 7.43 treatment approach that incorporates
 7.44 best practices as defined by the
 7.45 Minnesota Department of Human
 7.46 Services. This is a onetime
 7.47 appropriation.

ARTICLE 7

110.13 METHAMPHETAMINE PROVISIONS
 110.14 Section 1. [35.051] [EPHEDRINE AND PSEUDOEPHEDRINE
 110.15 PRODUCTS.]
 110.16 Subdivision 1. [PRESCRIPTION REQUIRED.] Drugs and products
 110.17 for any species of animal that contain ephedrine or
 110.18 pseudoephedrine require a written prescription from a
 110.19 veterinarian to be sold or distributed for lay use.
 110.20 Subd. 2. [SALE AND PURCHASE RESTRICTIONS.] A drug or
 110.21 product for any species of animal containing ephedrine or
 110.22 pseudoephedrine may only be dispensed, sold, or distributed by
 110.23 a
 110.24 veterinarian or a veterinary assistant under the supervision or
 110.25 direction of a veterinarian. A person who is not a
 110.26 veterinarian
 110.27 may not purchase a drug or product for animal consumption
 110.28 containing ephedrine or pseudoephedrine without a prescription.
 110.29 [EFFECTIVE DATE.] This section is effective on the 30th day
 110.30 following final enactment, and applies to crimes committed on
 110.31 or
 110.32 after that date.
 110.33 Sec. 2. Minnesota Statutes 2004, section 152.01,
 110.34 subdivision 10, is amended to read:
 110.35 Subd. 10. [NARCOTIC DRUG.] "Narcotic drug" means any of
 110.36 the following, whether produced directly or indirectly by
 111.1 extraction from substances of vegetable origin, or
 111.2 independently
 111.3 by means of chemical synthesis, or by a combination of
 111.4 extraction and chemical synthesis:
 111.5 (1) opium, coca leaves, ~~and~~ opiates, and methamphetamine;
 111.6 (2) a compound, manufacture, salt, derivative, or
 111.7 preparation of opium, coca leaves, ~~or~~ opiates, or
 111.8 methamphetamine;
 111.9 (3) a substance, and any compound, manufacture, salt,
 111.10 derivative, or preparation thereof, which is chemically
 111.11 identical with any of the substances referred to in clauses (1)
 111.12 and (2), except that the words "narcotic drug" as used in this
 111.13 chapter shall not include decocainized coca leaves or extracts
 111.14 of coca leaves, which extracts do not contain cocaine or
 111.15 ecgonine.
 111.16 [EFFECTIVE DATE.] This section is effective August 1, 2005,

- 111.13 and applies to crimes committed on or after that date.
- 111.14 Sec. 3. Minnesota Statutes 2004, section 152.02,
- 111.15 subdivision 6, is amended to read:
- 111.16 Subd. 6. [SCHEDULE V; RESTRICTIONS ON METHAMPHETAMINE
- 111.17 PRECURSOR DRUGS.] (a) As used in this subdivision, the
following
- 111.18 terms have the meanings given:
- 111.19 (1) "methamphetamine precursor drug" means any compound,
- 111.20 mixture, or preparation intended for human consumption
- 111.21 containing ephedrine or pseudoephedrine as its sole active
- 111.22 ingredient or as one of its active ingredients; and
- 111.23 (2) "over-the-counter sale" means a retail sale of a drug
- 111.24 or product but does not include the sale of a drug or product
- 111.25 pursuant to the terms of a valid prescription.
- 111.26 (b) The following items are listed in Schedule V:
- 111.27 (1) any compound, mixture, or preparation containing any of
- 111.28 the following limited quantities of narcotic drugs, which shall
- 111.29 include one or more nonnarcotic active medicinal ingredients in
- 111.30 sufficient proportion to confer upon the compound, mixture or
- 111.31 preparation valuable medicinal qualities other than those
- 111.32 possessed by the narcotic drug alone;
- 111.33 ~~(1)~~ (i) not more than 100 milligrams of dihydrocodeine per
- 111.34 100 milliliters or per 100 grams;
- 111.35 ~~(2)~~ (ii) not more than 100 milligrams of ethylmorphine per
- 111.36 100 milliliters or per 100 grams;
- 112.1 ~~(3)~~ (iii) not more than 2.5 milligrams of diphenoxylate and
- 112.2 not less than 25 micrograms of atropine sulfate per dosage
- 112.3 unit; or
- 112.4 ~~(4)~~ (iv) not more than 15 milligrams of anhydrous morphine
- 112.5 per 100 milliliters or per 100 grams; and
- 112.6 (2) any compound, mixture, or preparation containing
- 112.7 ephedrine or pseudoephedrine as its sole active ingredient or
as
- 112.8 one of its active ingredients.
- 112.9 (c) No person may sell in a single over-the-counter sale
- 112.10 more than two packages of a methamphetamine precursor drug or a
- 112.11 combination of methamphetamine precursor drugs or any
- 112.12 combination of packages exceeding a total weight of six grams.
- 112.13 (d) Over-the-counter sales of methamphetamine precursor
- 112.14 drugs are limited to:
- 112.15 (1) packages containing not more than a total of three
- 112.16 grams of one or more methamphetamine precursor drugs,
calculated
- 112.17 in terms of ephedrine base or pseudoephedrine base; or
- 112.18 (2) for nonliquid products, sales in blister packs, where
- 112.19 each blister contains not more than two dosage units, or, if
the
- 112.20 use of blister packs is not technically feasible, sales in unit
- 112.21 dose packets or pouches.
- 112.22 (e) A business establishment that offers for sale
- 112.23 methamphetamine precursor drugs in an over-the-counter sale
- 112.24 shall ensure that all packages of the drugs are displayed
behind
- 112.25 a checkout counter where the public is not permitted and are
- 112.26 offered for sale only by a licensed pharmacist, a registered
- 112.27 pharmacy technician, or a pharmacy clerk. The establishment

112.28 shall ensure that the person making the sale requires the
 112.29 buyer;
 112.30 (1) to provide photographic identification showing the
 112.31 buyer's date of birth; and
 112.32 (2) to sign a written or electronic document detailing the
 112.33 date of the sale, the name of the buyer, and the amount of the
 112.34 drug sold. Nothing in this paragraph requires the buyer to
 112.35 obtain a prescription for the drug's purchase.
 112.36 (f) No person may acquire through over-the-counter sales
 113.1 more than six grams of methamphetamine precursor drugs within a
 113.2 30-day period.
 113.3 (g) No person may sell in an over-the-counter sale a
 113.4 methamphetamine precursor drug to a person under the age of 18
 113.5 years. It is an affirmative defense to a charge under this
 113.6 paragraph if the defendant proves by a preponderance of the
 113.7 evidence that the defendant reasonably and in good faith relied
 113.8 on proof of age as described in section 340A.503, subdivision
 113.9 6.
 113.10 (h) A person who knowingly violates paragraph (c), (d),
 113.11 (e), (f), or (g) is guilty of a misdemeanor and may be
 113.12 sentenced
 113.13 to imprisonment for not more than 90 days, or to payment of a
 113.14 fine of not more than \$1,000, or both.
 113.15 (i) An owner, operator, supervisor, or manager of a
 113.16 business establishment that offers for sale methamphetamine
 113.17 precursor drugs whose employee or agent is convicted of or
 113.18 charged with violating paragraph (c), (d), (e), (f), or (g) is
 113.19 not subject to the criminal penalties for violating any of
 113.20 those
 113.21 paragraphs if the person:
 113.22 (1) did not have prior knowledge of, participate in, or
 113.23 direct the employee or agent to commit the violation; and
 113.24 (2) documents that an employee training program was in
 113.25 place to provide the employee or agent with information on the
 113.26 state and federal laws and regulations regarding
 113.27 methamphetamine
 113.28 precursor drugs.
 113.29 (j) Any person employed by a business establishment that
 113.30 offers for sale methamphetamine precursor drugs who sells such
 113.31 a
 113.32 drug to any person in a suspicious transaction shall report the
 113.33 transaction to the owner, supervisor, or manager of the
 113.34 establishment. The owner, supervisor, or manager may report
 113.35 the
 113.36 transaction to local law enforcement. A person who reports
 114.1 information under this subdivision in good faith is immune from
 114.2 civil liability relating to the report.
 114.3 (k) Paragraphs (c) to (j) do not apply to:
 114.4 (1) pediatric products labeled pursuant to federal
 114.5 regulation primarily intended for administration to children
under 12 years of age according to label instructions;
 114.1 (2) methamphetamine precursor drugs that are certified by
 114.2 the Board of Pharmacy as being manufactured in a manner that
 114.3 prevents the drug from being used to manufacture
 114.4 methamphetamine;
 114.5 (3) methamphetamine precursor drugs in gel capsule or
liquid form; or

114.6 (4) compounds, mixtures, or preparations in powder form
 114.7 where pseudoephedrine constitutes less than one percent of its
 114.8 total weight and is not its sole active ingredient.
 114.9 (1) The Board of Pharmacy, in consultation with the
 114.10 Department of Public Safety, shall certify methamphetamine
 114.11 precursor drugs that meet the requirements of paragraph (k),
 114.12 clause (2), and publish an annual listing of these drugs.
 114.13 (m) Wholesale drug distributors licensed and regulated by
 114.14 the Board of Pharmacy pursuant to sections 151.42 to 151.51 and
 114.15 registered with and regulated by the United States Drug
 114.16 Enforcement Administration are exempt from the methamphetamine
 114.17 precursor drug storage requirements of this section.
 114.18 (n) This section preempts all local ordinances or
 114.19 regulations governing the sale by a business establishment of
 114.20 over-the-counter products containing ephedrine or
 114.21 pseudoephedrine. All ordinances enacted prior to the effective
 114.22 date of this act are void.
 114.23 [EFFECTIVE DATE.] This section is effective July 1, 2005,
 114.24 and applies to crimes committed on or after that date.
 114.25 Sec. 4. Minnesota Statutes 2004, section 152.02, is
 114.26 amended by adding a subdivision to read:
 114.27 Subd. 8a. [METHAMPHETAMINE PRECURSORS.] The State Board of
 114.28 Pharmacy may, by order, require that non-prescription ephedrine
 114.29 or pseudoephedrine products sold in gel capsule or liquid form
 114.30 be
 114.31 subject to the sale restrictions established in subdivision 6
 114.32 for methamphetamine precursor drugs, if the board concludes
 114.33 that
 114.34 ephedrine or pseudoephedrine products in gel capsule or liquid
 114.35 form can be used to manufacture methamphetamine. In assessing
 114.36 the need for an order under this subdivision, the board shall
 115.1 consult at least annually with the advisory council on
 115.2 controlled substances, the commissioner of public safety, and
 115.3 the commissioner of health.
 115.4 [EFFECTIVE DATE.] This section is effective August 1, 2005.
 115.5 Sec. 5. Minnesota Statutes 2004, section 152.021,
 115.6 subdivision 2a, is amended to read:
 115.7 Subd. 2a. [METHAMPHETAMINE MANUFACTURE CRIMES CRIME;
 115.8 POSSESSION OF SUBSTANCES WITH INTENT TO MANUFACTURE
 115.9 METHAMPHETAMINE CRIME.] (a) Notwithstanding subdivision 1,
 115.10 sections 152.022, subdivision 1, 152.023, subdivision 1, and
 115.11 152.024, subdivision 1, a person is guilty of controlled
 115.12 substance crime in the first degree if the person manufactures
 115.13 any amount of methamphetamine.
 115.14 (b) Notwithstanding paragraph (a) and section 609.17, A
 115.15 person is guilty of attempted manufacture of methamphetamine a
 115.16 crime if the person possesses any chemical reagents or
 115.17 precursors with the intent to manufacture methamphetamine. As
 115.18 used in this section, "chemical reagents or precursors" refers
 115.19 to one or more includes any of the following substances, or any
 115.20 similar substances that can be used to manufacture
 115.21 methamphetamine, or their salts, isomers, and salts of
 115.22 isomers of a listed or similar substance:
 115.23 (1) ephedrine;
 115.24 (2) pseudoephedrine;
(3) phenyl-2-propanone;
(4) phenylacetone;

115.25 (5) anhydrous ammonia, ~~as defined in section 18C.005,~~
115.26 ~~subdivision 1a;~~
115.27 (6) organic solvents;
115.28 (7) hydrochloric acid;
115.29 (8) lithium metal;
115.30 (9) sodium metal;
115.31 (10) ether;
115.32 (11) sulfuric acid;
115.33 (12) red phosphorus;
115.34 (13) iodine;
115.35 (14) sodium hydroxide;
115.36 (15) benzaldehyde;
116.1 (16) benzyl methyl ketone;
116.2 (17) benzyl cyanide;
116.3 (18) nitroethane;
116.4 (19) methylamine;
116.5 (20) phenylacetic acid;
116.6 (21) hydriodic acid; or
116.7 (22) hydriotic acid.
116.8 [EFFECTIVE DATE.] This section is effective August 1, 2005,
116.9 and applies to crimes committed on or after that date.
116.10 Sec. 6. Minnesota Statutes 2004, section 152.021,
116.11 subdivision 3, is amended to read:
116.12 Subd. 3. [PENALTY.] (a) A person convicted under
116.13 subdivisions 1 to 2a, paragraph (a), may be sentenced to
116.14 imprisonment for not more than 30 years or to payment of a fine
116.15 of not more than \$1,000,000, or both; a person convicted under
116.16 subdivision 2a, paragraph (b), may be sentenced to imprisonment
116.17 for not more than ~~three~~ ten years or to payment of a fine of
not
116.18 more than ~~\$5,000~~ \$20,000, or both.
116.19 (b) If the conviction is a subsequent controlled substance
116.20 conviction, a person convicted under subdivisions 1 to 2a,
116.21 paragraph (a), shall be committed to the commissioner of
116.22 corrections for not less than four years nor more than 40 years
116.23 and, in addition, may be sentenced to payment of a fine of not
116.24 more than \$1,000,000; a person convicted under subdivision 2a,
116.25 paragraph (b), may be sentenced to imprisonment for not more
116.26 than ~~four~~ 15 years or to payment of a fine of not more than
116.27 ~~\$5,000~~ \$30,000, or both.
116.28 (c) In a prosecution under subdivision 1 involving sales by
116.29 the same person in two or more counties within a 90-day period,
116.30 the person may be prosecuted for all of the sales in any county
116.31 in which one of the sales occurred.
116.32 [EFFECTIVE DATE.] This section is effective August 1, 2005,
116.33 and applies to crimes committed on or after that date.
116.34 Sec. 7. Minnesota Statutes 2004, section 152.027,
116.35 subdivision 1, is amended to read:
116.36 Subdivision 1. [SALE OF SCHEDULE V CONTROLLED SUBSTANCE.]
117.1 Except as provided in section 152.02, subdivision 6, a person
117.2 who unlawfully sells one or more mixtures containing a
117.3 controlled substance classified in schedule V may be sentenced
117.4 to imprisonment for not more than one year or to payment of a
117.5 fine of not more than \$3,000, or both.
117.6 [EFFECTIVE DATE.] This section is effective July 1, 2005,
117.7 and applies to crimes committed on or after that date.
117.8 Sec. 8. Minnesota Statutes 2004, section 152.027,

117.9 subdivision 2, is amended to read:
117.10 Subd. 2. [POSSESSION OF SCHEDULE V CONTROLLED SUBSTANCE.]
117.11 Except as provided in section 152.02, subdivision 6, a person
117.12 who unlawfully possesses one or more mixtures containing a
117.13 controlled substance classified in schedule V may be sentenced
117.14 to imprisonment for not more than one year or to payment of a
117.15 fine of not more than \$3,000, or both. The court may order
117.16 that
117.17 a person who is convicted under this subdivision and placed on
117.18 probation be required to take part in a drug education program
117.19 as specified by the court.
117.20 [EFFECTIVE DATE.] This section is effective July 1, 2005,
117.21 and applies to crimes committed on or after that date.
117.22 Sec. 9. [152.0275] [CERTAIN CONTROLLED SUBSTANCE OFFENSES;
117.23 RESTITUTION; PROHIBITIONS ON PROPERTY USE; NOTICE PROVISIONS.]
117.24 Subdivision 1. [RESTITUTION.] (a) As used in this
117.25 subdivision:
117.26 (1) "clandestine lab site" means any structure or
117.27 conveyance or outdoor location occupied or affected by
117.28 conditions or chemicals typically associated with the
117.29 manufacturing of methamphetamine;
117.30 (2) "emergency response" includes, but is not limited to,
117.31 removing and collecting evidence, securing the site, removal,
117.32 remediation, and hazardous chemical assessment or inspection of
117.33 the site where the relevant offense or offenses took place,
117.34 regardless of whether these actions are performed by the public
117.35 entities themselves or by private contractors paid by the
117.36 public
117.37 entities, or the property owner;
117.38 (3) "remediation" means proper cleanup, treatment, or
118.1 containment of hazardous substances or methamphetamine at or in
118.2 a clandestine lab site, and may include demolition or disposal
118.3 of structures or other property when an assessment so
118.4 indicates;
118.5 and
118.6 (4) "removal" means the removal from the clandestine lab
118.7 site of precursor or waste chemicals, chemical containers, or
118.8 equipment associated with the manufacture, packaging, or
118.9 storage
118.10 of illegal drugs.
118.11 (b) A court may require a person convicted of manufacturing
118.12 or attempting to manufacture a controlled substance or of an
118.13 illegal activity involving a precursor substance, where the
118.14 response to the crime involved an emergency response, to pay
118.15 restitution to all public entities that participated in the
118.16 response. The restitution ordered may cover the reasonable
118.17 costs of their participation in the response.
118.18 (c) In addition to the restitution authorized in paragraph
118.19 (b), a court may require a person convicted of manufacturing or
118.20 attempting to manufacture a controlled substance or of illegal
118.21 activity involving a precursor substance to pay restitution to
118.22 a
118.23 property owner who incurred removal or remediation costs
118.24 because
118.25 of the crime.
118.26 Subd. 2. [PROPERTY-RELATED PROHIBITIONS; NOTICE; WEB
118.27 SITE.] (a) As used in this subdivision:

118.24 (1) "clandestine lab site" has the meaning given in
 118.25 subdivision 1, paragraph (a);
 118.26 (2) "property" means publicly or privately owned real
 118.27 property including buildings and other structures, motor
 118.28 vehicles as defined in section 609.487, subdivision 2a, public
 118.29 waters, and public rights-of-way;
 118.30 (3) "remediation" has the meaning given in subdivision 1,
 118.31 paragraph (a); and
 118.32 (4) "removal" has the meaning given in subdivision 1,
 118.33 paragraph (a).
 118.34 (b) A peace officer who arrests a person at a clandestine
 118.35 lab site shall notify the appropriate county or local health
 118.36 department, state duty officer, and child protection services
 of
 119.1 the arrest and the location of the site.
 119.2 (c) A county or local health department or sheriff shall
 119.3 order that any property or portion of a property that has been
 119.4 found to be a clandestine lab site and contaminated by
 119.5 substances, chemicals, or items of any kind used in the
 119.6 manufacture of methamphetamine or any part of the manufacturing
 119.7 process, or the by-products or degradates of manufacturing
 119.8 methamphetamine be prohibited from being occupied or used until
 119.9 it has been assessed and remediated as provided in the
 119.10 Department of Health's clandestine drug labs general cleanup
 119.11 guidelines. The remediation shall be accomplished by a
 119.12 contractor who will make the verification required under
 119.13 paragraph (e).
 119.14 (d) Unless clearly inapplicable, the procedures specified
 119.15 in chapter 145A and any related rules adopted under that
 chapter
 119.16 addressing the enforcement of public health laws, the removal
 119.17 and abatement of public health nuisances, and the remedies
 119.18 available to property owners or occupants apply to this
 119.19 subdivision.
 119.20 (e) Upon the proper removal and remediation of any property
 119.21 used as a clandestine lab site, the contractor shall verify to
 119.22 the property owner and the applicable authority that issued the
 119.23 order under paragraph (c) that the work was completed according
 119.24 to the Department of Health's clandestine drug labs general
 119.25 cleanup guidelines and best practices. The contractor shall
 119.26 provide the verification to the property owner and the
 119.27 applicable authority within five days from the completion of
 the
 119.28 remediation. Following this, the applicable authority shall
 119.29 vacate its order.
 119.30 (f) If a contractor issues a verification and the property
 119.31 was not remediated according to the Department of Health's
 119.32 clandestine drug labs general cleanup guidelines, the
 contractor
 119.33 is liable to the property owner for the additional costs
 119.34 relating to the proper remediation of the property according to
 119.35 the guidelines and for reasonable attorney fees for collection
 119.36 of costs by the property owner. An action under this paragraph
 120.1 must be commenced within six years from the date on which the
 120.2 verification was issued by the contractor.
 120.3 (g) If the applicable authority determines under paragraph
 120.4 (c) that a motor vehicle has been contaminated by substances,

120.5 chemicals, or items of any kind used in the manufacture of
120.6 methamphetamine or any part of the manufacturing process, or
120.7 the
120.8 by-products or degradates of manufacturing methamphetamine and
120.9 if the authority is able to obtain the certificate of title for
120.10 the motor vehicle, the authority shall notify the registrar of
120.11 motor vehicles of this fact and in addition, forward the
120.12 certificate of title to the registrar. The authority shall
120.13 also
120.14 notify the registrar when it vacates its order under paragraph
120.15 (e).
120.16 (h) The applicable authority issuing an order under
120.17 paragraph (c) shall record with the county recorder or
120.18 registrar
120.19 of titles of the county where the clandestine lab is located an
120.20 affidavit containing the name of the owner, a legal description
120.21 of the property where the clandestine lab was located, and a
120.22 map
120.23 drawn from available information showing the boundary of the
120.24 property and the location of the contaminated area on the
120.25 property that is prohibited from being occupied or used that
120.26 discloses to any potential transferee:
120.27 (1) that the property, or portion of the property, was the
120.28 site of a clandestine lab;
120.29 (2) the location, condition, and circumstances of the
120.30 clandestine lab, to the full extent known or reasonably
120.31 ascertainable; and
120.32 (3) that the use of the property or some portion of it may
120.33 be restricted as provided by paragraph (c).
120.34 If an inaccurate drawing or description is filed, the
120.35 authority,
120.36 on request of the owner or another interested person, shall
120.37 file
120.38 a supplemental affidavit with a corrected drawing or
120.39 description.
120.40 If the authority vacates its order under paragraph (e), the
120.41 authority shall record an affidavit that contains the recording
120.42 information of the above affidavit and states that the order is
120.43 vacated. Upon filing the affidavit vacating the order, the
120.44 affidavit and the affidavit filed under this paragraph,
120.45 together
120.46 with the information set forth in the affidavits, cease to
120.47 constitute either actual or constructive notice.
120.48 (i) If proper removal and remediation has occurred on the
120.49 property, an interested party may record an affidavit
120.50 indicating
120.51 that this has occurred. Upon filing the affidavit described in
120.52 this paragraph, the affidavit and the affidavit filed under
120.53 paragraph (g), together with the information set forth in the
120.54 affidavits, cease to constitute either actual or constructive
120.55 notice. Failure to record an affidavit under this section does
120.56 not affect or prevent any transfer of ownership of the
120.57 property.
120.58 (j) The county recorder or registrar of titles must record
120.59 all affidavits presented under paragraph (g) or (h) in a manner
120.60 that assures their disclosure in the ordinary course of a title
120.61 search of the subject property.

121.16 (k) The commissioner of health shall post on the Internet
121.17 contact information for each local community health services
121.18 administrator.
121.19 (l) Each local community health services administrator
121.20 shall maintain information related to property within the
121.21 administrator's jurisdiction that is currently or was
121.22 previously
121.23 subject to an order issued under paragraph (c). The
121.24 information
121.25 maintained must include the name of the owner, the location of
121.26 the property, the extent of the contamination, the status of
121.27 the
121.28 removal and remediation work on the property, and whether the
121.29 order has been vacated. The administrator shall make this
121.30 information available to the public either upon request or by
121.31 other means.
121.32 (m) Before signing an agreement to sell or transfer real
121.33 property, the seller or transferor must disclose in writing to
121.34 the buyer or transferee if, to the seller's or transferor's
121.35 knowledge, methamphetamine production has occurred on the
121.36 property. If methamphetamine production has occurred on the
122.1 property, the disclosure shall include a statement to the buyer
122.2 or transferee informing the buyer or transferee:
122.3 (1) whether an order has been issued on the property as
122.4 described in paragraph (c);
122.5 (2) whether any orders issued against the property under
122.6 paragraph (c) have been vacated under paragraph (i); or
122.7 (3) if there was no order issued against the property and
122.8 the seller or transferor is aware that methamphetamine
122.9 production has occurred on the property, the status of removal
122.10 and remediation on the property.
122.11 (n) Unless the buyer or transferee and seller or transferor
122.12 agree to the contrary in writing before the closing of the
122.13 sale,
122.14 a seller or transferor who fails to disclose, to the best of
122.15 their knowledge, at the time of sale any of the facts required,
122.16 and who knew or had reason to know of methamphetamine
122.17 production
122.18 on the property, is liable to the buyer or transferee for:
122.19 (1) costs relating to remediation of the property according
122.20 to the Department of Health's clandestine drug labs general
122.21 cleanup guidelines and best practices; and
122.22 (2) reasonable attorney fees for collection of costs from
122.23 the seller or transferor.
122.24 An action under this paragraph must be commenced within six
122.25 years after the date on which the buyer or transferee closed
122.26 the
122.27 purchase or transfer of the real property where the
122.28 methamphetamine production occurred.
122.29 (o) This section preempts all local ordinances relating to
122.30 the sale or transfer of real property designated as a
122.31 clandestine lab site.
122.32 [EFFECTIVE DATE.] This section is effective January 1,
122.33 2006, and applies to crimes committed on or after that date.
122.34 Sec. 10. Minnesota Statutes 2004, section 152.135,
122.35 subdivision 2, is amended to read:
122.36 Subd. 2. [EXCEPTIONS.] (a) A drug product containing

122.31 ephedrine, its salts, optical isomers, and salts of optical
122.32 isomers is exempt from subdivision 1 if the drug product:
122.33 (1) may be lawfully sold over the counter without a
122.34 prescription under the federal Food, Drug, and Cosmetic Act,
122.35 United States Code, title 21, section 321, et seq.;

122.36 (2) is labeled and marketed in a manner consistent with the
123.1 pertinent OTC Tentative Final or Final Monograph;
123.2 (3) is manufactured and distributed for legitimate
123.3 medicinal use in a manner that reduces or eliminates the
123.4 likelihood of abuse;
123.5 (4) is not marketed, advertised, or labeled for the
123.6 indication of stimulation, mental alertness, weight loss,
123.7 muscle
123.8 enhancement, appetite control, or energy; and
123.9 (5) is in solid oral dosage forms, including soft gelatin
123.10 caplets, that combine 400 milligrams of guaifenesin and 25
123.11 milligrams of ephedrine per dose, according to label
123.12 instructions; or is an anorectal preparation containing not
123.13 more
123.14 than five percent ephedrine; and
123.15 (6) is sold in a manner that does not conflict with section
123.16 152.02, subdivision 6.
123.17 (b) Subdivisions 1 and 3 shall not apply to products
123.18 containing ephedra or ma huang and lawfully marketed as dietary
123.19 supplements under federal law.
123.20 [EFFECTIVE DATE.] This section is effective on the 30th day
123.21 following final enactment, and applies to crimes committed on
123.22 or
123.23 after that date.
123.24 Sec. 11. [152.136] [ANHYDROUS AMMONIA; PROHIBITED CONDUCT;
123.25 CRIMINAL PENALTIES; CIVIL LIABILITY.]
123.26 Subdivision 1. [DEFINITIONS.] As used in this section,
123.27 "tamper" means action taken by a person not authorized to take
123.28 that action by law or by the owner or authorized custodian of
123.29 an
123.30 anhydrous ammonia container or of equipment where anhydrous
123.31 ammonia is used, stored, distributed, or transported.
123.32 Subd. 2. [PROHIBITED CONDUCT.] (a) A person may not:
123.33 (1) steal or unlawfully take or carry away any amount of
123.34 anhydrous ammonia;
123.35 (2) purchase, possess, transfer, or distribute any amount
123.36 of anhydrous ammonia, knowing, or having reason to know, that
124.1 it
124.2 will be used to unlawfully manufacture a controlled substance;
124.3 (3) place, have placed, or possess anhydrous ammonia in a
124.4 container that is not designed, constructed, maintained, and
124.5 authorized to contain or transport anhydrous ammonia;
124.6 (4) transport anhydrous ammonia in a container that is not
124.7 designed, constructed, maintained, and authorized to transport
124.8 anhydrous ammonia;
124.9 (5) use, deliver, receive, sell, or transport a container
124.10 designed and constructed to contain anhydrous ammonia without
the express consent of the owner or authorized custodian of the
container; or
(6) tamper with any equipment or facility used to contain,
store, or transport anhydrous ammonia.
(b) For the purposes of this subdivision, containers

124.11 designed and constructed for the storage and transport of
 124.12 anhydrous ammonia are described in rules adopted under section
 124.13 18C.121, subdivision 1, or in Code of Federal Regulations,
 124.14 title
 124.15 49.
 124.16 Subd. 3. [NO CAUSE OF ACTION.] (a) Except as provided in
 124.17 paragraph (b), a person tampering with anhydrous ammonia
 124.18 containers or equipment under subdivision 2 shall have no cause
 124.19 of action for damages arising out of the tampering against:
 124.20 (1) the owner or lawful custodian of the container or
 124.21 equipment;
 124.22 (2) a person responsible for the installation or
 124.23 maintenance of the container or equipment; or
 124.24 (3) a person lawfully selling or offering for sale the
 124.25 anhydrous ammonia.
 124.26 (b) Paragraph (a) does not apply to a cause of action
 124.27 against a person who unlawfully obtained the anhydrous ammonia
 124.28 or anhydrous ammonia container or who possesses the anhydrous
 124.29 ammonia or anhydrous ammonia container for any unlawful
 124.30 purpose.
 124.31 Subd. 4. [CRIMINAL PENALTY.] A person who knowingly
 124.32 violates subdivision 2 is guilty of a felony and may be
 124.33 sentenced to imprisonment for not more than five years or to
 124.34 payment of a fine of not more than \$50,000, or both.
 124.35 [EFFECTIVE DATE.] This section is effective August 1, 2005,
 124.36 and applies to crimes committed on or after that date.
 125.1 Sec. 12. [152.137] [METHAMPHETAMINE-RELATED CRIMES
 125.2 INVOLVING CHILDREN AND VULNERABLE ADULTS.]
 125.3 Subdivision 1. [DEFINITIONS.] (a) As used in this section,
 125.4 the following terms have the meanings given.
 125.5 (b) "Chemical substance" means a substance intended to be
 125.6 used as a precursor in the manufacture of methamphetamine or
 125.7 any
 125.8 other chemical intended to be used in the manufacture of
 125.9 methamphetamine.
 125.10 (c) "Child" means any person under the age of 18 years.
 125.11 (d) "Methamphetamine paraphernalia" means all equipment,
 125.12 products, and materials of any kind that are used, intended for
 125.13 use, or designed for use in manufacturing, injecting,
 125.14 ingesting,
 125.15 inhaling, or otherwise introducing methamphetamine into the
 125.16 human body.
 125.17 (e) "Methamphetamine waste products" means substances,
 125.18 chemicals, or items of any kind used in the manufacture of
 125.19 methamphetamine or any part of the manufacturing process, or
 125.20 the
 125.21 by-products or degradates of manufacturing methamphetamine.
 125.22 (f) "Vulnerable adult" has the meaning given in section
 125.23 609.232, subdivision 11.
 125.24 Subd. 2. [PROHIBITED CONDUCT.] (a) No person may knowingly
 125.25 engage in any of the following activities in the presence of a
 125.26 child or vulnerable adult; in the residence of a child or a
 125.27 vulnerable adult; in a building, structure, conveyance, or
 125.28 outdoor location where a child or vulnerable adult might
 125.29 reasonably be expected to be present; in a room offered to the
 125.30 public for overnight accommodation; or in any multiple unit
 125.31 residential building:

- 125.27 (1) manufacturing or attempting to manufacture
 125.28 methamphetamine;
 125.29 (2) storing any chemical substance;
 125.30 (3) storing any methamphetamine waste products; or
 125.31 (4) storing any methamphetamine paraphernalia.
 125.32 (b) No person may knowingly cause or permit a child or
 125.33 vulnerable adult to inhale, be exposed to, have contact with,
or
 125.34 ingest methamphetamine, a chemical substance, or
methamphetamine
 125.35 paraphernalia.
 125.36 Subd. 3. [CRIMINAL PENALTY.] A person who violates
 126.1 subdivision 2 is guilty of a felony and may be sentenced to
 126.2 imprisonment for not more than five years or to payment of a
 126.3 fine of not more than \$10,000, or both.
 126.4 Subd. 4. [MULTIPLE SENTENCES.] Notwithstanding sections
 126.5 609.035 and 609.04, a prosecution for or conviction under this
 126.6 section is not a bar to conviction of or punishment for any
 126.7 other crime committed by the defendant as part of the same
 126.8 conduct.
 126.9 Subd. 5. [PROTECTIVE CUSTODY.] A peace officer may take
 126.10 any child present in an area where any of the activities
 126.11 described in subdivision 2, paragraph (a), clauses (1) to (4),
 126.12 are taking place into protective custody in accordance with
 126.13 section 260C.175, subdivision 1, paragraph (b), clause (2). A
 126.14 child taken into protective custody under this subdivision
 126.15 shall
 126.16 be provided health screening to assess potential health
 126.17 concerns
 126.18 related to methamphetamine as provided in section 260C.188. A
 126.19 child not taken into protective custody under this subdivision
 126.20 but who is known to have been exposed to methamphetamine shall
 126.21 be offered health screening for potential health concerns
 126.22 related to methamphetamine as provided in section 260C.188.
 126.23 Subd. 6. [REPORTING MALTREATMENT OF VULNERABLE ADULT.] (a)
 126.24 A peace officer shall make a report of suspected maltreatment
 126.25 of
 126.26 a vulnerable adult if the vulnerable adult is present in an
 126.27 area
 126.28 where any of the activities described in subdivision 2,
 126.29 paragraph (a), clauses (1) to (4), are taking place, and the
 126.30 peace officer has reason to believe the vulnerable adult
 126.31 inhaled, was exposed to, had contact with, or ingested
 126.32 methamphetamine, a chemical substance, or methamphetamine
 126.33 paraphernalia. The peace officer shall immediately report to
 126.34 the county common entry point as described in section 626.557,
 126.35 subdivision 9b.
 126.36 (b) As required in section 626.557, subdivision 9b, law
 127.1 enforcement is the primary agency to conduct investigations of
 127.2 any incident when there is reason to believe a crime has been
 127.3 committed. Law enforcement shall initiate a response
 626.557, immediately. If the common entry point notified a county
agency
 127.1 for adult protective services, law enforcement shall cooperate
 127.2 with that county agency when both agencies are involved and
 127.3 shall exchange data to the extent authorized in section
 626.557,

127.4 subdivision 12b, paragraph (g). County adult protection shall
127.5 initiate a response immediately.
127.6 (c) The county social services agency shall immediately
127.7 respond as required in section 626.557, subdivision 10, upon
127.8 receipt of a report from the common entry point staff.
127.9 [EFFECTIVE DATE.] This section is effective August 1, 2005,
127.10 and applies to crimes committed on or after that date.
127.11 Sec. 13. Minnesota Statutes 2004, section 168A.05,
127.12 subdivision 3, is amended to read:
127.13 Subd. 3. [CONTENT OF CERTIFICATE.] Each certificate of
127.14 title issued by the department shall contain:
127.15 (1) the date issued;
127.16 (2) the first, middle, and last names, the dates of birth,
127.17 and addresses of all owners who are natural persons, the full
127.18 names and addresses of all other owners;
127.19 (3) the names and addresses of any secured parties in the
127.20 order of priority as shown on the application, or if the
127.21 application is based on a certificate of title, as shown on the
127.22 certificate, or as otherwise determined by the department;
127.23 (4) any liens filed pursuant to a court order or by a
127.24 public agency responsible for child support enforcement against
127.25 the owner;
127.26 (5) the title number assigned to the vehicle;
127.27 (6) a description of the vehicle including, so far as the
127.28 following data exists, its make, model, year, identifying
127.29 number, type of body, whether new or used, and if a new
127.30 vehicle,
127.31 the date of the first sale of the vehicle for use;
127.32 (7) with respect to motor vehicles subject to the
127.33 provisions of section 325E.15, the true cumulative mileage
127.34 registered on the odometer or that the actual mileage is
127.35 unknown
127.36 if the odometer reading is known by the owner to be different
127.37 from the true mileage;
127.38 (8) with respect to vehicles subject to sections 325F.6641
127.39 and 325F.6642, the appropriate term "flood damaged," "rebuilt,"
127.40 "prior salvage," or "reconstructed"; and
127.41 (9) with respect to a vehicle contaminated by
127.42 methamphetamine production, if the registrar has received the
127.43 certificate of title and notice described in section 152.0275,
127.44 subdivision 2, paragraph (g), the term "hazardous waste
127.45 contaminated vehicle"; and
127.46 (10) any other data the department prescribes.
127.47 [EFFECTIVE DATE.] This section is effective August 1, 2005.
127.48 Sec. 14. Minnesota Statutes 2004, section 260C.171, is
127.49 amended by adding a subdivision to read:
127.50 Subd. 6. [NOTICE TO SCHOOL.] (a) As used in this
127.51 subdivision, the following terms have the meanings given.
127.52 "Chemical substance," "methamphetamine paraphernalia," and
127.53 "methamphetamine waste products" have the meanings given in
127.54 section 152.137, subdivision 1. "School" means a charter
127.55 school
127.56 or a school as defined in section 120A.22, subdivision 4,
127.57 except
127.58 a home school.
127.59 (b) If a child has been taken into protective custody after
127.60 being found in an area where methamphetamine was being

128.21 manufactured or attempted to be manufactured or where any
 128.22 chemical substances, methamphetamine paraphernalia, or
 128.23 methamphetamine waste products were stored, and the child is
 128.24 enrolled in school, the officer who took the child into custody
 128.25 shall notify the chief administrative officer of the child's
 128.26 school of this fact.
 128.27 [EFFECTIVE DATE.] This section is effective August 1, 2005,
 128.28 and applies to acts occurring on or after that date.
 128.29 Sec. 15. [446A.083] [METHAMPHETAMINE LABORATORY CLEANUP
 128.30 REVOLVING ACCOUNT.]
 128.31 Subdivision 1. [DEFINITIONS.] As used in this section:
 128.32 (1) "clandestine lab site" has the meaning given in section
 128.33 152.0275, subdivision 1, paragraph (a);
 128.34 (2) "property" has the meaning given in section 152.0275,
 128.35 subdivision 2, paragraph (a), but does not include motor
 128.36 vehicles; and
 129.1 (3) "remediate" has the meaning given to remediation in
 129.2 section 152.0275, subdivision 1, paragraph (a).
 129.3 Subd. 2. [ACCOUNT ESTABLISHED.] The authority shall
 129.4 establish a methamphetamine laboratory cleanup revolving
 129.5 account
 129.6 in the public facility authority fund to provide loans to
 129.7 counties and cities to remediate clandestine lab sites. The
 129.8 account must be credited with repayments.
 129.9 Subd. 3. [APPLICATIONS.] Applications by a county or city
 129.10 for a loan from the account must be made to the authority on
 129.11 the
 129.12 forms prescribed by the authority. The application must
 129.13 include, but is not limited to:
 129.14 (1) the amount of the loan requested and the proposed use
 129.15 of the loan proceeds;
 129.16 (2) the source of revenues to repay the loan; and
 129.17 (3) certification by the county or city that it meets the
 129.18 loan eligibility requirements of subdivision 4.
 129.19 Subd. 4. [LOAN ELIGIBILITY.] A county or city is eligible
 129.20 for a loan under this section if the county or city:
 129.21 (1) identifies a site or sites designated by a local public
 129.22 health department or law enforcement as a clandestine lab site;
 129.23 (2) has required the site's property owner to remediate the
 129.24 site at cost, under a local public health nuisance ordinance
 129.25 that addresses clandestine lab remediation;
 129.26 (3) certifies that the property owner cannot pay for the
 129.27 remediation immediately;
 129.28 (4) certifies that the property owner has not properly
 129.29 remediated the site; and
 129.30 (5) issues a revenue bond, secured as provided in
 129.31 subdivision 8, payable to the authority to secure the loan.
 129.32 Subd. 5. [USE OF LOAN PROCEEDS; REIMBURSEMENT BY PROPERTY
 129.33 OWNER.] (a) A loan recipient shall use the loan to remediate
 129.34 the
 129.35 clandestine lab site or if this has already been done to
 129.36 reimburse the applicable county or city fund for costs paid by
 130.1 the recipient to remediate the clandestine lab site.
 130.2 (b) A loan recipient shall seek reimbursement from the
 130.3 owner of the property containing the clandestine lab site for
 130.4 the costs of the remediation. In addition to other lawful
 130.5 means

130.2 of seeking reimbursement, the loan recipient may recover its
130.3 costs through a property tax assessment by following the
130.4 procedures specified in section 145A.08, subdivision 2,
130.5 paragraph (c).
130.6 (c) A mortgagee is not responsible for cleanup costs under
130.7 this section solely because the mortgagee becomes an owner of
130.8 real property through foreclosure of the mortgage or by receipt
130.9 of the deed to the mortgaged property in lieu of foreclosure.
130.10 Subd. 6. [AWARD AND DISBURSEMENT OF FUNDS.] The authority
130.11 shall award loans to recipients on a first-come, first-served
130.12 basis, provided that the recipient is able to comply with the
130.13 terms and conditions of the authority loan, which must be in
130.14 conformance with this section. The authority shall make a
130.15 single disbursement of the loan upon receipt of a payment
130.16 request that includes a list of remediation expenses and
130.17 evidence that a second-party sampling was undertaken to ensure
130.18 that the remediation work was successful or a guarantee that
130.19 such a sampling will be undertaken.
130.20 Subd. 7. [LOAN CONDITIONS AND TERMS.] (a) When making
130.21 loans from the revolving account, the authority shall comply
130.22 with the criteria in paragraphs (b) to (e).
130.23 (b) Loans must be made at a two percent per annum interest
130.24 rate for terms not to exceed ten years unless the recipient
130.25 requests a 20-year term due to financial hardship.
130.26 (c) The annual principal and interest payments must begin
130.27 no later than one year after completion of the clean up. Loans
130.28 must be amortized no later than 20 years after completion of
130.29 the
130.30 clean up.
130.31 (d) A loan recipient must identify and establish a source
130.32 of revenue for repayment of the loan and must undertake
130.33 whatever
130.34 steps are necessary to collect payments within one year of
130.35 receipt of funds from the authority.
130.36 (e) The account must be credited with all payments of
131.1 principal and interest on all loans, except the costs as
131.2 permitted under section 446A.04, subdivision 5, paragraph (a).
131.3 (f) Loans must be made only to recipients with clandestine
131.4 lab ordinances that address remediation.
131.5 Subd. 8. [AUTHORITY TO INCUR DEBT.] Counties and cities
131.6 may incur debt under this section by resolution of the board or
131.7 council authorizing issuance of a revenue bond to the
131.8 authority. The county or city may secure and pay the revenue
131.9 bond only with proceeds derived from the property containing
131.10 the
131.11 clandestine lab site, including assessments and charges under
131.12 section 145A.08, subdivision 2, paragraph (c), payments by the
131.13 property owner, or similar revenues.
131.14 [EFFECTIVE DATE.] This section is effective July 1, 2005.
131.15 Sec. 16. Minnesota Statutes 2004, section 609.1095,
131.16 subdivision 1, is amended to read:
131.17 Subdivision 1. [DEFINITIONS.] (a) As used in this section,
131.18 the following terms have the meanings given.
131.19 (b) "Conviction" means any of the following accepted and
131.20 recorded by the court: a plea of guilty, a verdict of guilty
131.21 by
131.22 a jury, or a finding of guilty by the court. The term includes

131.19 a conviction by any court in Minnesota or another jurisdiction.
 131.20 (c) "Prior conviction" means a conviction that occurred
 131.21 before the offender committed the next felony resulting in a
 131.22 conviction and before the offense for which the offender is
 131.23 being sentenced under this section.
 131.24 (d) "Violent crime" means a violation of or an attempt or
 131.25 conspiracy to violate any of the following laws of this state
 or
 131.26 any similar laws of the United States or any other state:
 131.27 ~~section sections~~ 152.137; 609.165; 609.185; 609.19; 609.195;
 131.28 609.20; 609.205; 609.21; 609.221; 609.222; 609.223; 609.228;
 131.29 609.235; 609.24; 609.245; 609.25; 609.255; 609.2661; 609.2662;
 131.30 609.2663; 609.2664; 609.2665; 609.267; 609.2671; 609.268;
 131.31 609.342; 609.343; 609.344; 609.345; 609.498, subdivision 1;
 131.32 609.561; 609.562; 609.582, subdivision 1; 609.66, subdivision
 131.33 1e; 609.687; and 609.855, subdivision 5; any provision of
 131.34 sections 609.229; 609.377; 609.378; 609.749; and 624.713 that
 is
 131.35 punishable by a felony penalty; or any provision of chapter 152
 131.36 that is punishable by a maximum sentence of 15 years or more.
 132.1 [EFFECTIVE DATE.] This section is effective August 1, 2005,
 132.2 and applies to crimes committed on or after that date.
 132.3 Sec. 17. Minnesota Statutes 2004, section 617.81,
 132.4 subdivision 4, is amended to read:
 132.5 Subd. 4. [NOTICE.] (a) If a prosecuting attorney has
 132.6 reason to believe that a nuisance is maintained or permitted in
 132.7 the jurisdiction the prosecuting attorney serves, and intends
 to
 132.8 seek abatement of the nuisance, the prosecuting attorney shall
 132.9 provide the written notice described in paragraph (b), by
 132.10 personal service or certified mail, return receipt requested,
 to
 132.11 the owner and all interested parties known to the prosecuting
 132.12 attorney.
 132.13 (b) The written notice must:
 132.14 (1) state that a nuisance as defined in subdivision 2 is
 132.15 maintained or permitted in the building and must specify the
 132.16 kind or kinds of nuisance being maintained or permitted;
 132.17 (2) summarize the evidence that a nuisance is maintained or
 132.18 permitted in the building, including the date or dates on which
 132.19 nuisance-related activity or activities are alleged to have
 132.20 occurred;
 132.21 (3) inform the recipient that failure to abate the conduct
 132.22 constituting the nuisance or to otherwise resolve the matter
 132.23 with the prosecuting attorney within 30 days of service of the
 132.24 notice may result in the filing of a complaint for relief in
 132.25 district court that could, among other remedies, result in
 132.26 enjoining the use of the building for any purpose for one year
 132.27 or, in the case of a tenant, could result in cancellation of
 the
 132.28 lease; and
 132.29 (4) inform the owner of the options available under section
 132.30 617.85.
 132.31 [EFFECTIVE DATE.] This section is effective August 1, 2005,
 132.32 and applies to acts committed on or after that date.
 132.33 Sec. 18. Minnesota Statutes 2004, section 617.85, is
 132.34 amended to read:

132.35 617.85 [NUISANCE; MOTION TO CANCEL LEASE.]
132.36 Where notice is provided under section 617.81, subdivision
133.1 4, that an abatement of a nuisance is sought and the
133.2 circumstances that are the basis for the requested abatement
133.3 involved the acts of a commercial or residential tenant or
133.4 lessee of part or all of a building, the owner of the building
133.5 that is subject to the abatement proceeding may file before the
133.6 court that has jurisdiction over the abatement proceeding a
133.7 motion to cancel the lease or otherwise secure restitution of
133.8 the premises from the tenant or lessee who has maintained or
133.9 conducted the nuisance. The owner may assign to the
prosecuting
133.10 attorney the right to file this motion. In addition to the
133.11 grounds provided in chapter 566, the maintaining or conducting
133.12 of a nuisance as defined in section 617.81, subdivision 2, by a
133.13 tenant or lessee, is an additional ground authorized by law for
133.14 seeking the cancellation of a lease or the restitution of the
133.15 premises. Service of motion brought under this section must be
133.16 served in a manner that is sufficient under the Rules of Civil
133.17 Procedure and chapter 566.
133.18 It is no defense to a motion under this section by the
133.19 owner or the prosecuting attorney that the lease or other
133.20 agreement controlling the tenancy or leasehold does not provide
133.21 for eviction or cancellation of the lease upon the ground
133.22 provided in this section.
133.23 Upon a finding by the court that the tenant or lessee has
133.24 maintained or conducted a nuisance in any portion of the
133.25 building, the court shall order cancellation of the lease or
133.26 tenancy and grant restitution of the premises to the owner.
The
133.27 court must not order abatement of the premises if the court:
133.28 (a) cancels a lease or tenancy and grants restitution of
133.29 that portion of the premises to the owner; and
133.30 (b) further finds that the act or acts constituting the
133.31 nuisance as defined in section 617.81, subdivision 2, were
133.32 committed by the tenant or lessee whose lease or tenancy has
133.33 been canceled pursuant to this section and the tenant or lessee
133.34 was not committing the act or acts in conjunction with or under
133.35 the control of the owner.
133.36 [EFFECTIVE DATE.] This section is effective August 1, 2005,
134.1 and applies to acts committed on or after that date.
134.2 Sec. 19. [DEVELOPMENT OF COMPUTER SYSTEM; REPORT.]
134.3 The commissioner of public safety shall study the
134.4 feasibility of a centralized computer or electronic system to
134.5 enable pharmacies to carry out their duties under Minnesota
134.6 Statutes, section 152.02, subdivision 6, paragraph (e), clause
134.7 (2), electronically or by the Internet. By February 1, 2006,
134.8 the commissioner shall report its findings to the legislature.
134.9 The report may include a proposal to enable pharmacies to
switch
134.10 from written logs to electronic logs that are compatible with
134.11 the proposed system, and suggested statutory changes and a cost
134.12 estimate to accomplish this.
134.13 Sec. 20. [BOARD OF VETERINARY MEDICINE REPORT, PRECURSOR
134.14 ANIMAL PRODUCTS.]
134.15 The Board of Veterinary Medicine shall study and issue a

- 134.16 report on animal products that may be used in the manufacture
134.17 of
134.18 methamphetamine. The report must include proposals for
134.19 restricting access to such products only to legitimate users,
134.20 specifically addressing the manufacturing, wholesaling,
134.21 distributing, and retailing of precursor veterinary products.
134.22 The board shall report its findings to the chairs and ranking
134.23 minority members of the senate and house committees having
134.24 jurisdiction over criminal justice and veterinary policy by
134.25 February 1, 2006.
134.26 [EFFECTIVE DATE.] This section is effective the day
134.27 following final enactment.
134.28 Sec. 21. [REVISOR'S INSTRUCTION.]
134.29 The revisor of statutes shall recodify the provisions of
134.30 Minnesota Statutes, section 152.021, subdivision 2a, paragraph
134.31 (b), and subdivision 3, as amended by this article, that relate
134.32 to the possession of chemical reagents or precursors with the
134.33 intent to manufacture methamphetamine and the penalties for
134.34 doing this into a new section of law codified as Minnesota
134.35 Statutes, section 152.0262. The revisor shall make any
134.36 necessary technical changes, including, but not limited to,
135.1 changes to statutory cross-references, to Minnesota Statutes,
135.2 section 152.021, and any other statutory sections to accomplish
135.3 this.
135.4 Sec. 22. [REPEALER.]
135.5 Minnesota Statutes 2004, sections 18C.005, subdivisions 1a
135.6 and 35a; 18C.201, subdivisions 6 and 7; and 18D.331,
135.7 subdivision
135.8 5, are repealed.
135.9 [EFFECTIVE DATE.] This section is effective August 1, 2005,
135.10 and applies to crimes committed on or after that date



OFFICE OF THE HENNEPIN COUNTY ATTORNEY
AMY KLOBUCHAR COUNTY ATTORNEY

June 27, 2005

The Honorable Mark E. Souder
Chair
U.S. House Subcommittee on Criminal Justice, Drug Policy and Human Resources
B-377 Rayburn House Office Building
Washington, DC 20515

Dear Mr. Chairman:

Thank you for holding a subcommittee hearing today in Minnesota on "Fighting Meth in America's Heartland."

Methamphetamine is an issue where all Minnesotans can truly join together in common cause. It is a very dangerous drug that has cast its shadow over our entire state. I meet often with my fellow prosecutors and law enforcement officials from across Minnesota, and I know that meth is a top-priority focus for all of us. As former president of the Minnesota County Attorneys Association, I convened a series of police and community sessions on responding to the meth crisis.

Many smaller communities and counties, in particular, are being devastated by meth – and the impact is especially dramatic because these areas previously enjoyed very low crime levels. The rise of meth has led to an explosion of crime and other problems in these rural communities. It has been compared to the crack cocaine epidemic that crippled so many urban neighborhoods in the 1980s and 1990s.

Although meth has been publicized as largely a rural phenomenon, it is a major concern for the Twin Cities metropolitan area, too.

Last year in Hennepin County, our meth cases increased more than 20 percent over 2003. So far this year, meth cases represent more than 15 percent of our total drug caseload. It has surpassed marijuana and is fast catching up with powder cocaine in the number of drug cases we prosecute.

Many of these meth cases are from the suburbs. At least a couple of times each month, we charge a case that typically involves a group of young adults or even juveniles attempting to buy mountains of cold medicine from stores in the far reaches of Hennepin County. Alert store personnel contact the police and when they search the car in the parking lot, they often find other chemicals used for making meth. Many of these defendants are actually from surrounding counties, but they cross the border into Hennepin County to do their shopping for meth ingredients (or "smurfing," as it is sometimes called).

Letter of Hennepin County Attorney Amy Klobuchar
June 27, 2005

A few years ago, we also had a young man who literally set a house in Maple Grove on fire when he tried to “cook” meth in the basement. He was a friend of the woman who was housesitting while the owners were on vacation. The owners had no idea that their home had been turned into a meth lab.

But there is probably no more horrifying example of the statewide impact of meth than what happened over a two-week span in April 2003 – proving that meth is a breeding ground for some of the worst violence imaginable.

On April 15, 2003, 88-year-old William Schwartz and his 50-year-old adult daughter, Claudia, were killed in their northeast Minneapolis home. Both had been beaten and their throats slit. Their house was ransacked.

Thirteen days later, 120 miles away in the small town of Long Prairie, Holly Chromey and her two teenage children were killed in their home. They had been tied up, beaten with a hammer and their throats were cut. Eighteen-year-old Katie Zapzalka had also been raped.

Acting on a tip, police arrested Jonathan Carpenter and Christopher Earl just a few days later.

That is when investigators learned that methamphetamine was the fuel that propelled this killing rampage. What had started out as burglary attempts designed to get money for drugs had turned into a murder spree with extraordinary levels of violence.

By his own admission, Carpenter was a heavy meth user and he had not slept in days. When he entered the Schwartz home in Minneapolis with the intention of robbing it, he had been using “crank” earlier in the day.

When Carpenter entered the house, he was (in his own words) “tweaking really bad” off of the crank. He claimed that he blacked out and only remembered waking up and standing over the dead bodies of William and Claudia Schwartz.

Carpenter then returned several hours later with Earl. Together, they ransacked the house for money and valuables.

Two weeks later, they went to Long Prairie – again in search of money. They ended up at the Chromey house by mistake, but that didn’t stop them from murdering three innocent people.

The prosecution of Carpenter and Earl was a joint effort by the Hennepin County Attorney’s Office with the Todd County Attorney and the Minnesota Attorney General’s Office.

Carpenter pleaded guilty right away to the Long Prairie triple homicide. I was present in the Todd County courtroom when he confessed to the crimes, and it was one of the most chilling things I have ever heard. Carpenter killed himself in prison several weeks later.

Letter of Hennepin County Attorney Amy Klobuchar
June 27, 2005

Our prosecutor, working with the Minnesota Attorney General's Office, tried and convicted Earl for the Long Prairie murders. He was sentenced to three consecutive life terms without the possibility of release. He was also convicted as an accomplice to the Minneapolis double homicide.

In another case that we are currently prosecuting in my county, one store clerk was killed and another was permanently paralyzed last December in a shooting at a convenience store. The shooting happened suddenly with no apparent motive. The shooter, Robert Banker Jr., did not know the victims, and he was not attempting to rob the store. He fled the state and was eventually apprehended in California. Evidence now indicates that Banker was a severe meth addict and had become increasingly paranoid, especially about Iraqi people (the store clerk who survived the shooting is, in fact, an immigrant from Iraq).

Clearly, meth is not just a drug that harms the individual user. It is something that does serious harm to many other people – and to whole communities.

Police and prosecutors statewide know that meth breeds a host of problems: violent crimes, robberies and thefts, child abuse and neglect, even public health risks from the toxic chemicals used in making the drug.

It is also a serious danger to our first responders – police, firefighters, paramedics – who sometimes find themselves walking into the equivalent of hazardous waste sites. And they are dealing with more people who are prone to new levels of extreme, irrational and unpredictable violence while under the influence of this drug.

As a prosecutor, I am especially concerned about meth's influence on violent behavior. Meth appears to be significantly different from crack cocaine in its connection to violent crime. Much of the violence connected with crack cocaine is due to the gang and drug trade activity associated with it. This is violence over turf wars and drug dealing disputes. We see some of this with meth as well. But much of the violent crime connected with meth is due to the psychological effect it has on the user – for example, making them extremely paranoid to the point of violence.

A recent article in *The American Journal on Addictions* supports this concern. Based on a sample of more than 1,000 meth users drawn from outpatient programs in three states, the study found that 43 percent of meth users report difficulty controlling violent behavior or anger. For those who inject meth, the figure is even higher: 52 percent. These meth users also report high rates of assault or weapons charges.

Yet another serious concern is the long-term health impact – to body and brain – for people who are heavy meth users, as well as for the small children who've been exposed.

Clandestine meth labs, in particular, have become a very serious burden and challenge for local law enforcement, local prosecutors and the whole community wherever these labs are found. These labs are definitely not the kind of "home-grown business" that our local communities want to have.

Letter of Hennepin County Attorney Amy Klobuchar
June 27, 2005

Clearly, given the scope and magnitude of this meth crisis, a comprehensive approach is required: Education and prevention efforts are needed; treatment efforts are needed; private sector efforts are needed; and so are law enforcement and criminal justice measures.

Local communities need all the help and support we can get as we battle on the front lines against meth.

This year the Minnesota Legislature passed a new law that will help strengthen our hand by increasing criminal penalties for meth, limiting access to chemicals used in making meth and assisting local communities in dealing with clandestine meth labs. County attorneys from across Minnesota advocated for these changes, and I was among those who testified at the Legislature in support of the law.

At the federal level, we need actions that will bring real resources and deliver real results at the local level. It is also essential that existing federal support for local law enforcement efforts not be sacrificed or diverted to other programs. We must continue to make sure that our local law enforcement officials have the full support they need to protect the people and communities of our state as they face this new challenge.

Thank you for your interest and concern.

Sincerely,



AMY KLOBUCHAR
Hennepin County Attorney



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

FOR IMMEDIATE RELEASE:
May 20, 2005

Contact: Rafael Lemaitre, ONDCP, (202) 395-6618

BUSH ADMINISTRATION CALLS FOR ENHANCED CONTROLS ON INGREDIENTS USED TO MAKE METH

New Interim Report Outlines Strategy for Controlling Precursor Chemicals Used to Manufacture the Drug at the Retail, Wholesale, and International Levels

(Washington, D.C.) – John P. Walters, the Nation’s Drug Czar; United States Attorney General Alberto Gonzales; and Secretary for Health and Human Services Mike Leavitt jointly presented to Congress today an Interim Report on the *National Synthetic Drugs Action Plan*. The *Action Plan*, released in October 2004, is the Nation’s first comprehensive plan for attacking methamphetamine and other synthetic drug abuse. The Interim Report was required under the guidelines of the *Action Plan*. Today’s Interim Report directs particular actions against methamphetamine, specifically efforts to control the distribution and marketing of precursor chemicals, which are often found in over-the-counter cold medication and used for the production of the highly addictive drug. Prescription drug abuse, which ranks as the second most prevalent drug problem behind marijuana, is another *Action Plan* concern.

The Interim Report contains the following:

- A recommendation to Congress to close existing loopholes for record-keeping and reporting requirements for products containing pseudoephedrine
- An analysis of innovative pseudoephedrine control programs already implemented in states such as Oklahoma and Oregon which have led to substantial declines in meth labs. Preliminary data shows that the number of meth labs in those states has declined by half since the policies went into effect.
- An update on Federal progress against meth since the release of the *Action Plan* last October. Areas of progress include increased DEA cooperation and action with foreign governments regarding supply control, the ongoing development of an HHS and DOJ “Early Alert and Response Mechanism” which will identify emerging meth epidemics in communities around the Nation, and increased support for the treatment of meth addicts.
- A recommendation that the DEA should have oversight of “spot market” sales of methamphetamine precursors. Existing law does not provide the DEA with this oversight, and some “gray market” distributors have taken advantage of this loophole

"I am pleased with the hard work of Federal agencies to make the synthetic drug abuse problem smaller," stated John P. Walters, Director of National Drug Control Policy. "This report illustrates both the successes and the challenges that we face as a Nation in fighting the spread of methamphetamine, as well as reducing prescription drug abuse. We know that the vast majority of Americans who use cold medication and prescription drugs do so legitimately. We are working to maintain Americans' access to these medications, but reduce the threat of their diversion and abuse. We look forward to continuing our work with Congress as well as state and local governments on a balanced approach, incorporating prevention, treatment, enforcement, and regulatory interventions."

“The Interim Report explains that the methamphetamine threat cannot be defeated without better control of precursor chemicals, like ephedrine and pseudoephedrine, which are used to make the drug. Chemical diversion exists at the retail, wholesale, and international levels, requiring a comprehensive plan to stop diversion at each of these levels,” said Attorney General Alberto Gonzales. The Attorney General lauded continuing efforts of agencies such as the Drug Enforcement Agency, in response to recommendations contained in the *National Synthetic Drugs Action Plan*.

Secretary of Health and Human Services Mike Leavitt said, “The serious addictive threat that is caused by the diversion and abuse of medicines and illegal synthetic drugs requires the Federal government to continue to work cooperatively. I believe we are on the right track to do that.”

The Bush Administration’s *National Synthetic Drugs Action Plan* presents administrative, legislative, and enforcement strategies to prevent the abuse of methamphetamine, prescription drugs, and club drugs; to treat those addicted to the drugs; and to impose strict penalties on those who illegally divert or traffic the drugs – either online or on the streets of our communities. To download the *National Synthetics Action Plan* or the Interim Report, visit www.whitehousedrugpolicy.gov

Interim Report

from the Interagency Working Group on Synthetic Drugs

to the

Director of National Drug Control Policy

Attorney General

Secretary for Health and Human Services

May 23, 2005

Overview

In October 2004, the Federal government released the *National Synthetic Drugs Action Plan* (“*Action Plan*”), the first comprehensive national plan to address the problems of synthetic and pharmaceutical drug trafficking and abuse. The *Action Plan* outlined the problems, discussed current Federal and State efforts in the areas of prevention, treatment, regulation, and law enforcement, and made concrete recommendations toward a continuing effort by all Federal agencies with a role in reducing synthetic drug¹ abuse. A Synthetic Drugs Interagency Working Group (SD-IWG)², co-chaired by the White House Office of National Drug Control Policy (ONDCP) and the Department of Justice (DOJ), was directed to oversee implementation of the *Action Plan*, and to report to the Director of National Drug Control Policy, Attorney General, and Secretary for Health and Human Services³ six months after the document’s release. This interim report highlights the Administration’s efforts, outlines our future direction in leading the national effort to respond to the shifting nature of the synthetic drug threat, and describes the need for new Federal legislation. The Appendix contains a summary review of progress on each of the 46 recommendations.

Synthetic Drug Interagency Working Group

The SD-IWG met on four occasions between October 2004 and April 2005. The SD-IWG was divided into three subgroups: one dealing with methamphetamine and chemical control; one with the diversion of controlled substance pharmaceuticals; and one with treatment for, and prevention of, synthetic drug abuse. These subgroups met independently, and over the course of six months, divided the recommendations into three categories: those that will be, or are being, implemented by agencies participating in the SD-IWG; those that require action by Congress; and those that require further discussion and refinement through interagency discussion.

Current Situation and Trends

The market for illicit synthetic drugs and diverted pharmaceutical products is in transition. For most of the past several years, pseudoephedrine diverted from or through Canada fueled large domestic methamphetamine laboratories; now, large-scale production of the drug is shifting south of the border, being partially replaced by Mexican production (Fig. 1). Prescription

Figure 1: Methamphetamine Seizures at the Southwest Border (kg) (Source: DEA El Paso Intelligence Center)

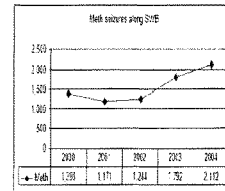
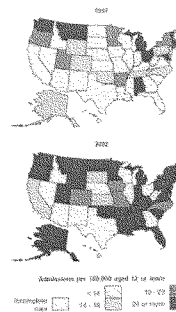


Figure 2: Narcotic Painkiller Admission Rates, by State: 1997 and 2002 (Source: Treatment Admissions Involving Narcotic Painkillers: 2002 Update, The DASIS Report, SAMHSA, July 2004)



¹ For the purposes of this report, the term “Synthetic Drug” refers to a controlled substance of which the primary origin is not a plant or otherwise biological, but instead produced primarily through chemical or synthetic processes.
² Federal departments participating in the SD-IWG include agencies or offices within the Executive Office of the President, Departments of Health and Human Services, Homeland Security, Justice, State and Transportation, and United States Postal Service.
³ The *Action Plan* originally called for a report to be submitted to the Director of National Drug Control Policy and Attorney General. In recognition of the important role played by the Department of Health and Human Services in reducing the synthetic drug problem, the SD-IWG directed that the report also be submitted to the Secretary for Health and Human Services.

drug abuse is increasing (Fig. 2), fueled in part by Internet sources acting in violation of Federal and State laws and accepted medical practice. On the positive side, the market for drugs such as MDMA and LSD has shrunk noticeably.⁴ These trends are due to the same factors that influence any market: pressures on, and variation in, supply and demand. Data released since the drafting of the *Action Plan* indicates some success. According to the *Monitoring the Future* study, an annual evaluation of teen drug use in America, current (past month) methamphetamine use among 8th, 10th and 12th graders is down by 25% over the past three years, and LSD and Ecstasy use has fallen dramatically (60% and 61%, since 2001, respectively).⁵ Meanwhile, Federal chemical control and enforcement pressures⁶ are probably responsible, at least in part, for a reduction in large-scale domestic production of methamphetamine and its shift to Mexico. Additionally, a growing number of states have imposed retail controls on pseudoephedrine products, with results that at this early stage appear promising.

Past Month Drug Use, Ages 12 and up (%)

	2002	2003
Marijuana	6.2	6.2
Prescription Drugs	2.6	2.7
Cocaine	0.9	1.0
Heroin	0.1	0.1
Methamphetamine	0.3	0.3

Source: Nat'l Survey Drug Use and Health, 2003.

Unique Aspects and Vulnerabilities

Prevention, treatment, and enforcement, including interdiction and eradication in source countries, are critical in order to disrupt the abuse and trafficking of illicit drugs of plant origin like cocaine, heroin, and marijuana. With synthetic drugs, crop eradication is not a possibility; instead, it is critical to control the most important precursor and essential chemicals in illicit drug production. Thus, the need for tight regulatory interventions is unique to synthetic drugs. At the same time, the SD-IWG recognizes the importance of balancing our anti-drug efforts with other important policy considerations, such as ensuring legitimate access to needed medications, avoiding needless regulatory intervention, preserving privacy, not interfering with the legitimate practice of medicine, and producing policies which serve patient needs and strengthen safety and physician freedom to prescribe as medically necessary.

In recognition of the importance of regulatory interventions, this report will first discuss regulatory interventions regarding methamphetamine precursors at both international and local levels, followed by an analysis of diversion of controlled substance pharmaceuticals, and finally treatment and prevention efforts. In addition to highlighting the ongoing efforts of SD-IWG agencies, this report highlights the need for Federal legislation and outlines the next steps Federal agencies must take to further disrupt the illicit market for synthetic drugs.

Methamphetamine Precursor and Chemical Control

The *Action Plan* contains a series of recommendations designed to make it more difficult for methamphetamine manufacturers to obtain ingredients – especially pseudoephedrine and

⁴ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2004* (NIH Publication No. 05-5726). Bethesda, MD: National Institute on Drug Abuse, 66 pp.

⁵ Lloyd Johnston, personal communication, unpublished analysis from Ibid.

⁶ For example, Operation Northern Star employed a comprehensive strategy targeting the entire methamphetamine trafficking process, and disrupted a major pipeline of pseudoephedrine from Canada into the United States.

ephedrine – used in the manufacturing process. These recommendations call for concurrently improving chemical control at two levels: in the international arena, where bulk pseudoephedrine is diverted to large laboratories; and in retail and wholesale markets, where smaller amounts of pseudoephedrine products purchased for making methamphetamine fuel thousands of domestic laboratories each year. On the international level, key recommendations of the *Action Plan* were to strengthen the international chemical control system by working with countries producing and importing chemicals to tighten controls on shipments of precursor chemicals; to enhance cooperation with Mexico, in light of its growing role as a methamphetamine supplier to the United States; and to support Federal legislation which would enable better controls on these chemicals. With respect to state and local chemical controls, the *Action Plan* recognized that one state in particular (Oklahoma) had recently adopted new legislation limiting retail access to pseudoephedrine, but due to the lack of long-term data, delayed evaluating Oklahoma’s approach until more data was available.

In reviewing our efforts to curb pseudoephedrine diversion at both international and local levels, the SD-IWG initiated a review of the structure of the methamphetamine market, inquiring what percentage of the methamphetamine consumed in America comes from the larger labs supplied by internationally diverted pseudoephedrine, and what percentage comes from smaller labs fueled by retail- or wholesale-level diversion. In recent years, some have described the market as a 80-20 ratio: namely, that at least 80% of the methamphetamine consumed in America came from “superlabs” in and outside of our borders, and no more than 20% came from smaller domestic laboratories with production capabilities of no more than a few pounds, but usually at most just a few ounces.⁷ The SD-IWG does not think that the 80-20 ratio is the best way to describe the methamphetamine market today. No precise breakdown is available, but current drug and lab seizure data suggest that a better description of the market stands at roughly 65-35, recognizing that approximately two-thirds of the methamphetamine used in the United States comes from larger labs, increasingly in Mexico, but that probably about one-third of the methamphetamine consumed in our Nation comes from medium-to-small domestic laboratories.⁸

The point of the analysis above is this: a precursor strategy focused only on international regulation, or alternatively only on local control, would be insufficiently comprehensive in nature. The fact that a significant percentage of methamphetamine comes from both categories highlights the importance of a bifurcated precursor strategy preventing chemical diversion at both the macro and the micro level.

⁷ Prior Administration statements describing a 80-20 ratio were also based on laboratory seizure and capacity numbers.

⁸ Although notoriously difficult to estimate precisely, lab seizure numbers and production capacity – the same model used for previously estimating the breakdown of the methamphetamine market at 80/20 – help provide a general picture of what percentage of the methamphetamine market comes from pseudoephedrine diverted in bulk from the international market to larger laboratories, and what percent is due to pseudoephedrine diverted at the retail or wholesale level. Labs with a production capacity of under one pound typically receive most of their pseudoephedrine at the retail level; in the one-to-nine pound range, both retail and wholesale diversion (the latter referring to illicit sales out the back door of retail establishments) are believed to play the major role, although some of these mid-range labs – a minority – receive pseudoephedrine through bulk diversion. Meanwhile, most of the labs with a more-than-ten pound production capacity in a 24-hour cycle (called “superlabs”) receive their pseudoephedrine through bulk diversion, as do most of the labs in Mexico. Using these figures, very roughly 65% of the methamphetamine seizures, including labs, in the United States and at the Southwest Border are believed to be sourced primarily, but not exclusively, from bulk pseudoephedrine diversion; approximately 35% is believed to be sourced primarily from domestic diversion at the retail and wholesale level.

2004 Laboratory Capacity Statistics⁹

Pseudo. source	Mainly retail/wholesale level diversion				Bulk/Int'l diversion		Total
	<2oz	2-8oz	9oz -1 lb	1-9.9 lbs	10 + lbs	SW Border	
Production capacity							
Total labs [L]	6593	1991	491	351	57	n/a	9483
Avg. capacity [C]	1 oz	4 oz	1 lb	5 lbs	20 lbs	n/a	n/a
Production [LxC]	412 lbs	498 lbs	491 lbs	1,755 lbs	1,140 lbs	4,840 lbs	9136 lbs
% of lbs produced	4.5 %	5.5 %	5.4 %	19.2 %	12.5 %	52.9 %	100 %

The Government's International Approach

The *Action Plan* specifically recognized that the move of large labs to Mexico requires that we offer assistance to help Mexico strengthen its anti-methamphetamine activities. This, in turn, requires working with other countries known to supply Mexican methamphetamine producers with illicit pseudoephedrine. The SD-IWG has responded to this:

- China (particularly Hong Kong) has been a significant source of pseudoephedrine tablets that have been diverted to methamphetamine labs in Mexico. The United States and Mexico recently obtained a commitment by Hong Kong not to ship chemicals to the United States, Mexico, or Panama until receiving an import permit or equivalent documentation and to pre-notify the receiving country before shipment.
- The United States has made significant progress in assisting Mexican authorities to improve their ability to respond to methamphetamine laboratories. Three times last year and once already this year, DEA provided diversion and clandestine lab cleanup training courses for Mexican officials (both Federal and State). More clandestine laboratory courses are planned for summer 2005 in furtherance of this objective.
- In conjunction with our joint efforts, Mexico this year began to impose stricter import quotas for pseudoephedrine, tied to estimates of national needs and based on extrapolations from a large population sample. Additionally, distributors have agreed to limit sales of pseudoephedrine to pharmacies, which in turn will sell no more than approximately nine grams per transaction to customers.

These developments stand as a model for the SD-IWG's next steps with the limited number of manufacturers which produce, in a limited number of countries, bulk ephedrine and pseudoephedrine. Our efforts are, and will continue to be, focused on the primary producing and exporting countries for bulk ephedrine and pseudoephedrine: China, the Czech Republic, Germany and India. Some of these efforts are not new, but involve a long-term commitment, using the tools at the Administration's disposal, to engage with foreign law enforcement and regulatory counterparts in these countries and to replicate the steps taken with Hong Kong and Panama: improving the sharing of information on pseudoephedrine shipments with other countries, thus preventing their diversion – especially to Mexico.

However, the SD-IWG believes that perfecting the ability of the Federal government to prevent large-scale pseudoephedrine diversion will likely require Federal legislation. Under existing Federal law, the DEA must be notified if an ephedrine or pseudoephedrine product is destined for, or will transit through, the United States. But the legal and regulatory tools to limit imports

⁹ Source: Clandestine Laboratory Seizure System, El Paso Intelligence Center. Some categories are listed as "n/a" because the numbers describe the numbers of laboratories seized by size. The methamphetamine seized at the SWB border is typically not found in a lab, but rather as a finished product

and after-import distribution are relatively crude. Moreover, an exemption in the 1988 UN Convention that controls chemicals allows most finished pharmaceutical products containing pseudoephedrine in combination with other ingredients to be shipped in international commerce without pre-notification – a wide-open loophole that drug traffickers have exploited.

The SD-IWG recommends that the Administration request Congress to enact legislation which:

- Enables import controls on bulk ephedrine and pseudoephedrine by treating the post-importation handling of bulk ephedrine and pseudoephedrine in a similar manner, for regulatory purposes, as Federal laws now treat the post-importation processing of Schedule I and II controlled substances.
- Regulates the chemical “spot market” via legislation which, as an extension of existing authority over imports, authorizes regulation of the first level of distribution after importation of bulk ephedrine and pseudoephedrine.
- Removes the so-called “blister pack exemption” and eliminates distinctions based on form of packaging.
- Lowers the threshold for single-purchases of products containing pseudoephedrine from nine grams to a lower amount.
- Does not unnecessarily impede upon the availability of these products for legitimate use.

While the Administration works with Congress to pass this legislation, the SD-IWG is committed to moving forward aggressively with the tools at the government’s disposal to stem the international flow of illicit precursors used to make methamphetamine and other drugs – and to ameliorate the impact of the drugs.

- The United States and Mexico are working to gain wider support for pre-notification of international shipments of tablets containing pseudoephedrine. As referenced above, these tablets fall under a loophole in the 1988 UN Convention, so cooperation would be voluntary under existing law. The DEA will seek cooperation through regional bodies, such as the Organization of American States’ drug-control commission, the Inter-American Drug Abuse Control Commission (CICAD), as well as the multilateral “Project Prism” initiative convened by the United Nations’ International Narcotics Control Board, to monitor international shipments of methamphetamine precursors.
- Over the last couple of years, DEA has elicited eBay’s assistance in preventing the diversion of precursor chemicals through their auction sites, requesting that eBay discontinue the auctioning of methamphetamine precursors such as ephedrine, pseudoephedrine, iodine, red phosphorus and the MDMA precursor, sassafras oil. As a result of DEA’s efforts, eBay has stopped brokering all ephedrine and red phosphorus products. eBay has also placed quantity limits on iodine sales while also developing “pop-up” announcements for the remaining chemicals advertised on eBay, which will inform eBay customers of federal laws and penalties regarding those chemicals. Our success with eBay serves as a model for next steps with other online sites such as Google and Yahoo.
- In order to assist State and local law enforcement agencies with information regarding methamphetamine laboratories and their consequences, DEA is working with the Environmental Protection Agency to revise the so-called “red book” of lab cleanup protocols. This should be complete by July of this year.

- Recognizing that children exposed to methamphetamine are uniquely vulnerable, the Administration began working with states during the President’s first term to help implement Drug Endangered Children (DEC) programs, which establish teams of specialists to respond to situations where minors are found in or near methamphetamine laboratories, and are not infrequently sickened or burned from exposure to toxic chemicals. Seventeen states now have DEC programs¹⁰; most or all of these were started with Federal support. Additional teams are being developed across the country, and DOJ and ONDCP will continue to work directly with states to expand the DEC program.

Promising State Approaches

Meanwhile, in recent years, state policymakers have wrestled with the question of how to reduce the local production of methamphetamine, usually by imposing limits on the amount of pseudoephedrine products that can be purchased in a single retail transaction. In April 2004, Oklahoma adopted the most far-reaching approach observed up to that time: limiting sales of both single-entity and combination pseudoephedrine products to pharmacies; requiring pseudoephedrine products to be kept behind the pharmacy counter; and requiring the purchaser to show identification and sign a logsheet.¹¹ When the *Action Plan* was published in October 2004, there was insufficient data to reach a conclusion as to the effectiveness of the Oklahoma model. However, the *Action Plan* noted Oklahoma’s approach, and the SD-IWG decided to review monthly data as it became available, in order to eventually determine whether that approach warrants reproduction in other states.

Since the release of the *Action Plan*, Oklahoma has released twelve months of data, and Oregon – which adopted a similar approach through temporary administrative rule in October 2004¹² – has four months of data as of this writing. Oregon’s approach had minor differences: Oregon, unlike Oklahoma, allowed combination pseudoephedrine products – those containing pseudoephedrine plus other active medical ingredients – to be sold at stores other than pharmacies, provided that the products were kept in a secure location.¹³ As of the date of this writing, Governors in five more states¹⁴ have recently signed legislation implementing an approach identical or similar to Oklahoma’s, and about twelve states appear to be proceeding with legislation which would adopt, more or less, the same approach.

OK lab seizures*
(Source: Ok. Bureau of Narcotics)

Month	2003	2004	2005
January	105	97	44
February	165	120	39
March	113	130	36
April	143	91	
May	90	48	
June	104	60	
July	86	62	
August	82	45	
September	71	50	
October	109	38	
November	69	29	
December	96	42	

* Months since new regulations were implemented are in red

OR lab seizures*
(Source: Oregon State Police)

Month	2003	2004	2005
January	34	40	21
February	38	42	18
March	36	49	
April	49	39	
May	51	59	
June	26	42	
July	37	42	
August	42	30	
September	52	28	
October	53	33	
November	33	18	
December	22	22	

* Months since new regulations were implemented are in red

¹⁰ Source: Department of Justice, Office of Crime Victims.

¹¹ Okla Stat Ann, §63-2-212.

¹² Oregon Administrative Rule (OAR) 855-050-0035. In April 2005, Oregon adopted a permanent rule nearly identical to Oklahoma’s statute: OAR 855-050-0037.

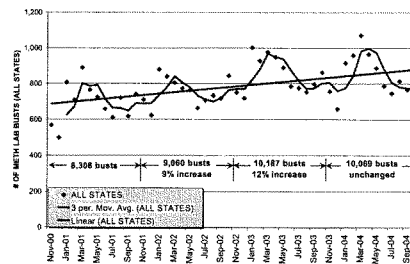
¹³ OAR 855-050-0035.

¹⁴ Arkansas (SB 109), Iowa (SB 169), Kansas (SB 27), Kentucky (SB 63), and Tennessee (SB 2318).

As state legislators have considered these policies, the larger question for Federal and State policymakers alike has been: Do these approaches work? Several subsidiary questions follow: Have the numbers of laboratories actually gone down? If so, are there alternative explanations or reasons? How much of the reduction in laboratory numbers can be directly attributed to the new regulations? And finally, which provisions appear to be the most meaningful in contributing to laboratory number reductions?

The tables on the preceding page indicate that Oklahoma and Oregon saw an immediate reduction in methamphetamine laboratory numbers upon the implementation of these new policies. In the year since Oklahoma's approach has been implemented, methamphetamine lab numbers in that state are down by an average of 51% over the prior year¹⁵, and in the four months since Oregon's approach was implemented, by about 42% from the same months in the prior year.¹⁶ Neither Oklahoma nor Oregon changed their method of counting methamphetamine laboratory numbers at the time of implementing new regulations, or since then.¹⁷ Both states say that they have had consistent definitions of what constitutes a methamphetamine lab, and law enforcement was not able to detect any significant inconsistency in reporting by state and local agencies.¹⁸ Both states have been able to supply up-to-date figures for lab seizures, without the lag time typical of reporting to the large national clandestine lab databases such as the El Paso Intelligence Center (EPIC). Therefore, at this point in time, the reductions seem to be real, and should not be attributed to reporting lag-time, less law enforcement focus on the problem, or inconsistent reporting.

With respect to alternative explanations for the reduction in laboratory numbers in these two states, we think the data supports a conclusion that the new regulations are the primary, but not sole, factor in reducing the number of labs. It is worth noting that overall, national methamphetamine laboratory numbers have been roughly stable over the past two years, rising in some states and falling in others. The figure at the right¹⁹ shows four periods



from November of one year through October of the following year. One can see that the number of methamphetamine lab seizures had been increasing by about 10% per twelve month period, but subsequently leveled-off. Part of this stabilization may have been due to the Administration's successful efforts to stem the flow of pseudoephedrine diversion and trafficking at our northern border. For example, DEA's Operation Northern Star was intended to drastically reduce the number of domestic methamphetamine "superlabs," and in fact, domestic superlab numbers dramatically fell following the operation's implementation.²⁰ Other factors, including improved treatment opportunities, traditional law enforcement efforts, and public education efforts are

¹⁵ Source: Oklahoma Bureau of Narcotics.

¹⁶ Source: Oregon State Police.

¹⁷ Source: Oklahoma Bureau of Narcotics and Oregon State Police.

¹⁸ Ibid. Both states report that they use definitions provided by the Clandestine Laboratory Seizure System (CLSS), El Paso Intelligence Center.

¹⁹ Clandestine Laboratory Seizure System (CLSS), El Paso Intelligence Center, Jan 2005.

²⁰ Ibid.

believed to have played a significant role in reducing the number of methamphetamine laboratories.

Nevertheless, the fact remains that even with the stabilization in methamphetamine laboratory numbers observed nationally, no states with consistently significant numbers of methamphetamine labs²¹ have seen the reductions in lab numbers that especially Oklahoma and, to a lesser but still significant extent, Oregon have seen. For example, during the twelve-month period from April 2004 to March 2005, California saw a reduction of 28%²², Missouri an increase of 8% and Tennessee an increase of 40%.²³ But nationally, while overall lab numbers were roughly stable – up in some states and down in others – the 51% reduction for Oklahoma over 12 months and 42% for Oregon in a four month time period stand out.

It is also worth noting that the reduction in Oregon's lab numbers has been impressive, but not as dramatic as Oklahoma's. As discussed earlier, there are two differences between the states' approaches: Oregon had allowed non-pharmacies to sell combination pseudoephedrine products from behind the counter, whereas Oklahoma requires both single- and combination-entity products to be sold from behind pharmacy counters. Law enforcement in Oregon reports that most of the laboratories they are now finding contain evidence that the methamphetamine was produced using the easier-to-procure combination pseudoephedrine products – and furthermore, that undercover investigations at both pharmacies and non-pharmacies indicated substantial compliance with the temporary rule in pharmacies, but less frequent (less than half of the time) compliance with the temporary rule in convenience stores.²⁴

Agencies participating in the SD-IWG will continue to monitor methamphetamine lab numbers in these two states, as well as in states like Iowa, Tennessee, Kentucky and Arkansas, which have recently adopted these approaches, but do not yet have at least three months of post-implementation data. At this point, the SD-IWG notes a significant data challenge: the lack of timely national data on methamphetamine laboratory numbers.²⁵ Although DEA's EPIC acts as the repository for methamphetamine lab numbers, DEA concedes that these figures do not tend to stabilize until after six months have passed. Moreover, although there does appear to be general consistency regarding which law enforcement agencies report their numbers, it seems clear that not all law enforcement agencies are necessarily reporting lab seizures to EPIC, making state-by-state comparison difficult.

²¹ States with a small number of methamphetamine laboratories in past years, even if posting significant decreases, were not necessarily statistically useful. For example, EPIC data at the time of this report indicated that in Rhode Island, there was only one methamphetamine lab in 2004 compared to four in 2003; although this is a 75% reduction, our focus was on states consistently reporting hundreds of methamphetamine labs annually.

²² As previously discussed, there has been a significant reduction in "superlabs," or laboratories with a production capacity exceeding 10 pounds in a 24-hour period. Clandestine Laboratory Seizure System (CLSS), El Paso Intelligence Center. Additionally, California authorities report that "(w)hile there is a recorded drop in the number of lab seizures in California from 2002 to 2004, the California Bureau of Narcotics Enforcement attributes this to staffing and budget re-allocation...rather than to a reduction in the number of labs operating in California." 2004 Pseudoephedrine OTCs and Methamphetamine Related Issues, A Briefing Report, California Bureau of Narcotic Enforcement, March 2005.

²³ Source: Clandestine Laboratory Seizure System (CLSS), El Paso Intelligence Center.

²⁴ Source: Oregon State Police.

²⁵ Oklahoma and Oregon state authorities directly provided laboratory data to the SD-IWG.

Nevertheless, the available data – a year’s worth of data from Oklahoma, four months of data from Oregon, and several years worth of national data – strongly suggest that Oklahoma’s and Oregon’s state-level approaches are probably primary reasons for a dramatic reduction in the number of small, toxic laboratories in Oklahoma as well as smaller reductions in Oregon. These promising data illustrate the importance of focusing both international and local anti-methamphetamine efforts on the most vulnerable area of the methamphetamine market: precursor controls.

Diversification of Controlled Substance Pharmaceuticals

During the last thirty-odd years, the United States’ anti-drug abuse efforts have traditionally been focused on illicit drugs like cocaine, heroin, or marijuana. The release of the President’s *2004 National Drug Control Strategy* marked the first occasion in which the abuse – sometimes called the non-medical use – of prescription drugs was formally addressed as a significant problem by the Executive Office of the President. This is because prescription drug abuse has surpassed methamphetamine, heroin and even cocaine as a drug category of abuse, and is now second only to marijuana.²⁶

Reducing prescription drug abuse requires understanding exactly how the otherwise-legal products are illicitly acquired. Existing data and research give only general outlines of how the illicit market for prescription drugs breaks down – and the SD-IWG considers better data on this critically important, so as to drive sound policy in this area over the upcoming years. Nevertheless, existing information, combined with anecdotal information from law enforcement, treatment providers and other abuse professionals, supports a conclusion that the illicit methods of procuring prescription drugs include the retail level, and can be roughly described as falling into three categories:

1. Prescription fraud and “doctor shopping,” the latter of which refers to the visit by an individual, who may or may not have a legitimate medical condition, to numerous practitioners within a short amount of time to obtain more prescription medication than is clinically necessary.
2. The Internet, by unscrupulous websites purporting to act as legitimate pharmacies. While some of these are linked to brick-and-mortar pharmacies that have expanded operations and started illegally distributing over the Internet, others operate completely outside the bounds of the law, and often outside the boundaries of our country, using the

Prescription Drug Abuse: Quick Facts

- In 2003, some 6.3 million Americans used psychotherapeutic drugs non-medically in the past month.
- About 1.9 million individuals were considered to have been dependent on, or to have abused, psychotherapeutic drugs over the past year.
- The number of people who had used pain relievers non-medically at least once during their lifetime increased 5 percent, from 29.6 million to 31.2 million Americans from 2002 to 2003.
- Also from 2002 to 2003, the non-medical use of any psychotherapeutics in the past month increased from 5.4 to 6.0 percent among young adults.
- And in 2003, 13.4 percent of youth between the ages of 12 and 17 had abused prescription drugs at least once in their lifetime.
- Again among young adults, past-month non-medical use of pain relievers increased by 15 percent, from 4.1 to 4.7 percent.
- From 1995 to 2002, emergency room visits resulting from the abuse of narcotic pain killers increased about 163 percent.

Sources: See footnote 26 below.

²⁶ Substance Abuse and Mental Health Services Administration. (2004). *Overview of Findings from the 2003 National Survey on Drug Use and Health* (Office of Applied Studies, NSDUH Series H-24, DHHS Publication No. SMA 04-3963). Rockville, MD; Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2004* (NIH Publication No. 05-5726). Bethesda, MD: National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1995–2002*, DAWN Series: D-24, DHHS Publication No. (SMA) 03-3780, Rockville, MD, 2003.

international mail system to illegally dispatch controlled substances to those who would intentionally or unwittingly abuse them.

3. A broad third category which includes traditional acquisition methods of acquiring illicit drugs, such as theft, street-level dealing, and small-time distribution from acquaintances or friends (not unlike some local marijuana markets). Diversion from practitioners also plays a role.

The *Action Plan* called for increased attention in especially the first two categories²⁷, which are the most directly responsive to Federal measures and support. Specifically, the key diversion-related items in the *Action Plan* called for more support of State Prescription Drug Monitoring Programs (PDMPs), limiting illicit online sales of chemicals and pharmaceuticals, and responding to mail packages illegally containing drugs from entering the United States. As noted below, agencies participating in the SD-IWG are working hard toward these objectives using existing tools, but in the area of online diversion and the mail system, the SD-IWG believes that additional measures including Federal legislation should be considered.

Reducing Doctor Shopping

Disrupting opportunities to engage in “doctor shopping” requires, by definition, the cooperation of the medical community, the pharmaceutical community, and regulatory or enforcement agencies where appropriate. Simply put, the doctor shopper relies on a lack of communication between the prescriber and the dispenser. PDMPs are one tool that seek to bridge that gap, by tracking prescription drug sales at the pharmacy level, helping pharmacists ensure the validity of prescriptions, and helping physicians confirm that would-be abusers of prescriptions are not doctor shopping for controlled substances.

Toward the expansion of these programs, the Office of National Drug Control Policy, in coordination with the Department of Justice and National Alliance for Model State Drug Laws, has purposefully moved forward to convey the Administration’s support of PDMPs to state legislatures and other state policy makers. At the time of this writing, twenty-four states have in place, or are expected to implement this year, some type of PDMP. Another ten or so states have introduced legislation so far in 2005 which would implement these programs. Through testimony on several occasions already this year to state legislatures and other interactions, Administration officials have been working directly with state policymakers.

Although not under the direct control of the Federal government, continuing the expansion of these programs by encouraging their adoption at the State level will continue to be a priority of the Administration during the state legislative season. As legislatures begin to adjourn over the next few months, the Administration’s focus will move from advocacy to the gathering of more and better information about the impact of PDMPs. Specific questions pertain to which models are the most effective in reducing doctor shopping, and cost-effectiveness. To this end, both DOJ and the Department of Health and Human Services (HHS) will play key roles. The Administration hopes to see the current number of states operating or planning PDMPs increase this year, with the eventual goal of assisting all states in implementing these valuable programs

²⁷ The third category tends to fall within traditional local, rather than Federal, law enforcement; it is also impacted by treatment and prevention efforts, and is addressed in part in the “Prevention and Treatment” section of this document.

by the end of 2008. At present, the Federal government's primary role in this capacity is, and is expected to continue to be, an interagency strategy which provides support through grants²⁸, public policy advocacy, and providing State policymakers with relevant data and research.

Illegal Online Pharmacies

Any American who has filled a prescription at their local pharmacy is comfortably familiar with the routine: some form of consultation with a health care professional, which includes a personal diagnosis and discussion; and shortly afterward, a visit to a nearby pharmacy, which includes a brief explanation on the safe and most effective use of the pharmaceutical. These standard practices applicable to "brick-and-mortar" pharmacies have ensured that American patients, their doctors and their pharmacists have the maximum information available to ensure not only the best treatment of the patient's condition, but also that prescription drugs with addictive or abuse potential – such as those containing oxycodone, hydrocodone or alprazolam – are prescribed in the appropriate medical circumstances and in safe dosages.

Advances in information technology and communications have helped increase the access of patients, particularly those in rural or underserved areas, to such appropriate medical care. Toward that end, the Administration is supportive of legitimate online pharmacies operating within the bounds of accepted medical practice and Federal and State laws. However, certain unscrupulous individuals and organizations purporting to be online pharmacies have provided controlled substances and other pharmaceuticals without a prescription, flaunting the traditions described above which evolved to protect both doctor and patient. This is a violation of Federal law, and it should come as no surprise that many of these websites and businesses, when investigated, are found in far-flung regions in Asia, South America and the Caribbean, and operate without the protections that Americans take for granted. It should also not be surprising that when tested, many of the substances sent through the mail are not the medications they purport to be. It may be no coincidence that the advent of these online pharmacies has occurred in tandem with the aforementioned emergence of prescription drug abuse as a National drug control problem: uninhibited access to supply has coincided with a notable increase in prescription drug abuse.

The SD-IWG is pleased to report that since the drafting of the *Action Plan*, the efforts and accomplishments of the Federal government in this area, with the tools at the government's disposal, are not insignificant. To enhance focus in this area, DEA established an Internet investigation unit (OSI) at its Special Operations Division (SOD) to coordinate Internet cases. The DEA has issued immediate suspensions of numerous Internet pharmacies and DOJ has prosecuted doctors and pharmacies who illegally distribute via the Internet. Additionally, DEA, Immigration and Customs Enforcement (ICE), the United States Postal Service (USPS), Customs and Border Protection (CBP) and the Food and Drug Administration (FDA) participate in an interagency task force dedicated to addressing the illicit procurement of pharmaceuticals via the Internet. DEA has opened cases, in circumstances of clear illegality, involving drugs such as OxyContin and Vicodin, two of the major drugs-of-abuse in the prescription drug category. And

²⁸ The Harold Rogers Prescription Drug Monitoring Program provides grants to states for the planning, implementation, and/or enhancement of PDMPs, and were first provided in 2002 (FY 2002 U.S. Department of Justice Appropriations Act (Public Law 107-77)).

the FDA has brought cases against illegitimate Internet pharmacies with respect to various pharmaceutical products.

The explosion of illicit online pharmacies and their “spam” email advertisements, and the concomitant rise of prescription drug abuse in America, highlight the critical need for new legislation in this area. Although the basic Federal laws regulating pharmacies – brick-and-mortar as well as those operating online – are in place, the unique attributes of online pharmacies require special legislation to put online pharmacies on an equal footing with brick and mortar pharmacies. For instance, a consumer filling a prescription at a local community pharmacy knows where he or she obtained the medicine, can ask questions of the pharmacist if the consumer wants to discuss the proper dosage, drug interactions or expiration date issues, and can make an inquiry with the state pharmacy board or DEA if the consumer has a complaint. Unfortunately, consumers often lack these protections with online pharmacies, and as a result, illegal scams proliferate, and patients are taken advantage of.

The SD-IWG believes that legislation is necessary to ensure that online pharmacies adequately identify themselves to consumers. In addition, the law must be clarified to ensure that controlled substances are only dispensed for a legitimate medical purpose in the usual course of a doctor’s professional practice, and not on the basis of a suspect online questionnaire where the doctor never sets eye on the customer.²⁹

Some online pharmacies operate from websites in foreign countries, but the drugs are actually handled and shipped from U.S. distributors. In other cases, the controlled substances are illegally shipped from abroad. A critical need in this area is improving the tools available to prevent these packages from entering our country through the postal system. The FDA, USPS and CBP are the agencies primarily faced with this challenge. To illustrate the scope of the problem, the recent HHS Report on Prescription Drug Importation³⁰ estimated that 10 million shipments of non-controlled substance prescription drugs illegally enter the United States each year through the US Mail. We do not know the additional amount of packages which contain controlled substances, but it appears to be significant. The problem for the USPS and CBP is the administrative burden associated with seizing and forfeiting the hundreds of thousands of packages, as well as the strict notice and seizure procedures imposed by the Universal Postal Union (UPU) treaty.

Concerted action and better laws can help staunch this illicit commerce. DOJ and the USPS are developing better protocols to comply with the notice requirements under the UPU treaty. However, without legislation to authorize the summary forfeiture of illegally imported controlled substance pharmaceuticals, it is likely that they will continue to seep through our mail system. Moreover, under current procedures, which require law enforcement to notify the addressee that a package is being detained, it would be problematic for CBP to handle the flood of packages that would be seized under a stricter or zero-tolerance policy.

²⁹ In June 1999, the American Medical Association formally adopted the position that any health care practitioner who offers a prescription to a patient solely on the basis of an online questionnaire without ever physically examining the patient has not met the appropriate standard of medical care. *See* American Medical Association, *Guidance for Physicians on Internet Prescribing*, H-120.949 (1999).

³⁰ Task Force on Drug Importation pursuant to the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pub. L. 108-173.

Protecting Americans from online rogue pharmacies will require new tools to keep pace with the criminals operating these websites. The SD-IWG recommends that the Administration's legislative package include language which:

- Requires that online pharmacies be registered with HHS and DEA and make certain disclosures on their Internet websites identifying, among other things, where they are located and what doctors and pharmacists are affiliated with the online pharmacy;
- Provides that no online pharmacy may dispense prescription drugs without a valid prescription issued for a legitimate medical purpose in the usual course of professional practice;
- Allows States to bring a civil action in federal court to enjoin the conduct of an online pharmacy that does not comply with the requirements of the bill and to enforce compliance.
- Enhances penalties for unlawfully dispensing controlled substances in schedules III through V. These enhanced penalties will apply equally to all unlawful distributors and dispensers of controlled substances; and
- Gives USPS and CBP the tools those agencies need to prevent packages with drugs from illegally entering the United States through the mail system, by authorizing the summary forfeiture of illegally imported controlled substance pharmaceuticals.

Treatment and Prevention

Most of the *Action Plan's* recommendations regarding treatment and prevention fall into three categories: increasing treatment capacity; improving the dissemination of "best practices" information regarding treatment and prevention; and implementing an early warning system that would notify Federal, State and local officials of emerging synthetic drug threats in a specific area.

Although many of the existing Federal prevention and treatment initiatives were initiated prior to the *Action Plan*, several of the most promising new initiatives were developed as a result of interagency coordination and discussion through the SD-IWG and directly respond to the recommendations of the *Action Plan*. This section focuses on three developments since the release of the *Action Plan*: (1) an overview of specific drug treatment programs and initiatives the Administration proposes to expand; (2) the formation of an Early Alert and Response Mechanism (EARM) for helping authorities identify and respond to emerging synthetic drug threats; and (3) the launch of an improved means of disseminating critical information about Federal grant support, new research, and best practices related to synthetics prevention and treatment – one of the *Action Plan's* key recommendations.

An Increased Commitment to Treatment

The Administration has requested significantly expanded support for treatment of drug abuse. This financial support, much of which is in the form of grants to states or local organizations, allows flexibility to respond to the region's particular drug threat.

Highlights of increased support requested for the next fiscal year (2006) for treatment and prevention include:

- A \$50.8 million increase for Access to Recovery, a voucher-based treatment grant program which can support individuals seeking treatment for methamphetamine and other drugs. The budget proposes a total of \$150 million for this program.
- An increase of \$30.6 million for the Drug Courts Program, for a total of \$70.1 million. This enhancement will increase the scope and quality of drug court services with the goal of improving retention in, and successful completion of, drug court programs, many or all of which are able to monitor persons before the court for possession of methamphetamine.
- A \$15.4 million increase for Student Drug Testing, for a total of \$25.4 million. This initiative provides competitive grants to support schools in the design and implementation of programs to randomly screen selected students and to intervene with assessment, referral, and intervention for students whose test results indicate they have used illicit drugs.
- An increase of \$5.8 million for the Screening, Brief Intervention, Referral and Treatment (SBIRT) program through SAMHSA, which intervenes early with users to stop drug use before it leads to abuse or dependence. This initiative will improve treatment delivery to achieve a sustained recovery for those who are dependent on drugs.

Early Alert and Response Mechanism

The SD-IWG is pleased to announce the creation of a coordinated Federal effort to quickly identify and deal with emerging synthetic drug threats in specific regions: the Early Alert and Response Mechanism, or EARM. While some drug threats have more or less existed uniformly across America – marijuana and cocaine come to mind – methamphetamine has not spread as uniformly across the country. Some areas, such as New England, post dramatically smaller indicators of methamphetamine use and production than, for example, the West Coast states – and methamphetamine’s sudden emergence can catch police, treatment professionals and parents by surprise. Even more striking in some rural cities, counties or demographic populations has been the sudden emergence of a specific synthetic drug abuse threat such as OxyContin. With the development of EARM, these indicators, at a relatively early state, should not go unnoticed. The abuse of methamphetamine and controlled substance pharmaceuticals depend on the diversion of legal substances which can be tracked, so the timely analysis of this information will better enable the quick identification of an emerging problem, and an appropriate response by Federal, State and local authorities, including prevention and treatment providers.

EARM will begin a pilot phase later this year, as a joint effort between SAMHSA, NIDA, DEA (including the National Drug Intelligence Center, or NDIC) and FDA, in cooperation with state and local law enforcement and public health agencies. The mechanism will differ from other data collection systems in that it will assimilate various types of available information (e.g. anecdotal, surveillance) on a flow basis – that is, without waiting for statistical confirmation. Experts will meet at least monthly to discuss current and potential threats and to share information from their data systems, augmented by their agencies’ respective knowledge. For example, DEA is able to track the numbers of nationwide, state and regional prescriptions for a given controlled substance (without patient identifying information), and can identify a sudden, otherwise-inexplicable rise

in prescriptions for a particular drug exceeding what would normally be expected. As another example, it is important to detect, as quickly as possible, phenomena such as one currently observed in some cities, where injected crystal methamphetamine is more frequently seen in some clubs, and is thought to be contributing to a rise in HIV and AIDS transmissions in the gay community. Or a sudden rise in pseudoephedrine sales in an area could indicate a brewing methamphetamine crisis. Once the mechanism of identifying threats has been pilot tested, the system will be refined to serve the needs of National, State and local decision makers.

One-Stop Shopping: www.methresources.gov

Several of the *Action Plan*'s recommendations relate to acquiring the best scientific information available about prevention and treatment of synthetic drug abuse, and doing a better job of disseminating this information to treatment and prevention authorities. With respect to treatment methodologies, the SD-IWG notes that several studies are underway (the inception of most of these pre-date the *Action Plan*), and although there are some gaps to be filled – specific information about juvenile treatment methodologies for methamphetamine, for example – agencies like NIDA, SAMHSA and OJP collectively possess substantial scientific information about treatment methodologies for synthetic drugs. At this point, the more pressing challenge is how to best disseminate that information to those who need it.

A simple solution to the dissemination problem is expected by July: the launch of a new government website, www.methresources.gov, which will be administered by DOJ's Bureau of Justice Assistance. This website is important for two reasons. First, there is no single government website which brings together information about best practices for combating the spread of methamphetamine and other synthetic drugs, and also provides information about Federal resources (such as grants to treatment providers or police) related to synthetics. Wading through the labyrinth of Federal websites (SAMHSA, NIDA, OJP, ONDCP, and others, for Federal assistance including the Hal Rogers Prescription Drug Monitoring Program, the Community Oriented Policing Program, Access to Recovery, and Drug Courts, to name a few) to find Federal support for local efforts can be a daunting endeavor, and www.methresources.gov will aim to simplify the process of helping state and local authorities quickly identify opportunities for Federal help.

The second reason that this initiative is important is that good policy must be driven by good, rigorous scientific inquiry; in the case of drug policy, research must be put into effective practice. Recognizing this fact, HHS has developed the landmark "Science to Services" initiative, which facilitates the translation of research into both prevention and treatment practices. The goal of this initiative is to translate scientific findings into information that is easily understood by prevention and treatment professionals in order to facilitate their adoption and implementation. Many of the scientific studies regarding treatment and prevention evaluate what sort of approaches work, and which ones fail. The Administration aims to provide up-to-date information on best practices for treatment and prevention as directly and quickly as possible to those who can make use of it, and will use this website as one means to accomplish this objective.

Other examples of information which will be accessible through www.methresources.gov, and that have been, or are being developed by agencies participating in the SD-IWG, include:

- A National Registry of Effective Programs and Practices, for use as model programs;
- Model methamphetamine and synthetic state laws, from the National Alliance for Model State Drug Laws;
- Results of studies regarding innovative behavioral treatments for synthetic drug abuse; and
- Results of research on the Criminal Justice-Drug Abuse Treatment Studies, which collects data on treating synthetic drug abusers through the criminal justice system (e.g., probation or drug courts), and examines the effectiveness of various treatment approaches.

Conclusion

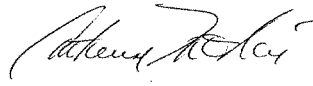
Over the last six months, the department and agencies participating in the SD-IWG have accomplished several of the critical objectives listed in the *Action Plan*; yet more remains to be accomplished. As noted above, however, several areas will require Federal legislation to provide Federal agencies with the tools necessary to further disrupt the illicit market for synthetic drugs. And there are a handful of *Action Plan* recommendations regarding which a healthy debate among SD-IWG agencies continues regarding the most effective approach.

The SD-IWG will continue to meet, and aims to recommend a legislative package this summer for the Administration to submit to Congress.

On behalf of the Synthetic Drugs Interagency Working Group:



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Appendix A
Status of National Synthetic Drug Action Plan Recommendations

The SD-IWG reviewed the 46 recommendations of the *Action Plan* and separated the recommendations into three categories:

- Category A: those with which there is substantial agreement, and which already are, or will soon be, in progress;
- Category B: those with which there is substantial agreement in principle, but which will require Federal legislation; and
- Category C: those regarding which one or more Federal agencies participating in the SG-IWG determined merit further discussion or review.

The following lists briefly describe the status of the 46 recommendations. In most cases, those referenced in Category A and B are discussed in the body of the report, and only a few recommendations contain further discussion of their status. However, all recommendations in Category C are followed by a brief description of their status.

Category A: Recommendations with which there is substantial agreement, and which already are, or will soon be, in progress.

1. **Develop an Early Warning and Response Mechanism**: Establish a comprehensive, interagency early warning and response system to detect the emergence of new drugs and trends.
2. **Improve Data on Afflicted Geographic Areas**. Build on existing Geographical Information System (GIS) resources and databases to integrate federally mandated drug test results, crime laboratory evidence analysis, population demographics, and other meaningful data pertaining to synthetic drugs and diverted pharmaceuticals in a manner that supports geographically based prevention and intervention efforts.
 - Although treated as a separate recommendation in the *Action Plan*, this will be incorporated into the Early Alert and Response Mechanism discussed in the body of the report.
3. **Work with Manufacturers to Reformulate Abused Pharmaceutical Products**. Continue to support the efforts of firms that manufacture frequently diverted pharmaceutical products to reformulate their products so as to reduce diversion and abuse. Encourage manufacturers to explore methods to render products containing key precursors such as pseudoephedrine ineffective in the clandestine production of methamphetamine and pain control products such as OxyContin less suitable for snorting or injection.
 - Reformulation requires ongoing policy discussion and may raise questions related to the safety or efficacy of the drug for legitimate users; however, DEA has engaged in discussions with pharmaceutical manufacturers on this topic, and Pfizer, to list one example, is moving forward to market Sudafed PE, a non-pseudoephedrine decongestant. The Administration will continue to be supportive of industry efforts to reduce prescription drug abuse through reformulation, consistent with the requirement for FDA approval.
4. **Target Raves Where Drug Use is Facilitated**. Focus attention on the promoters and operators of rave events that facilitate the trafficking and abuse of MDMA and other club drugs, making innovative and effective use of the federal "crack house" statute, including amendments in the Rave Act.
5. **Increase Internet Investigations**. Expand investigations and prosecutions of Internet-based synthetic and pharmaceutical drug diversion and sales, to include the establishment of task forces and coordination mechanisms dedicated to this purpose. Agencies should work with Internet Service Providers to assist them in limiting children's access to illegal drug sites.
6. **Target Narcotic Analgesic Diversion**. Support efforts to target individuals and organizations involved in the diversion, illegal sale, pharmacy theft, fraud, and abuse of OxyContin and other drug products containing oxycodone, hydrocodone, or hydromorphone, such as Vicodin and Lorcet.
7. **Enhance Public Outreach Efforts Focusing on Synthetic Drugs**: Develop a multimedia education campaign on the consumption of synthetic drugs, focusing initially on methamphetamine. The program should, as appropriate, incorporate messages about the environmental threat and risks to children from clandestine labs. Ensure adequate dissemination of all pertinent materials and information on synthetic drugs through the Department of Education's Office of Safe and Drug-Free Schools.

- Upon review, there is no disagreement as to the value of this recommendation, but the precise nature of public outreach on synthetic drugs by SD-IWG agencies has changed somewhat. Although the Department of Education will have an important role, the Departments of Justice and Health and Human Services, in conjunction with the Office of National Drug Control Policy, are the primary government entities responsible for public outreach at this time. ONDCP anticipates devoting approximately one million dollars of the Media Campaign budget to outreach on Synthetic Drugs; discussion will continue among agencies regarding this recommendation.
8. **Develop Best Practices to Assist Drug-Endangered Children**. Develop protocols for assisting drug-endangered children that generally address staff training; roles and responsibilities of intervening agencies; appropriate reporting; cross reporting; information sharing and confidentiality; safety procedures for children, families, and responding personnel; interviewing procedures; evidence collection and preservation procedures; medical care procedures; and community resource development.
 - This recommendation is underway as it is described. Although not included in Category B within this Appendix, the SD-IWG intends to consider including, as part of a legislative package, language which strengthens protections of drug-endangered children.
 9. **Research and Develop Targeted Prevention Programs**. Support research on the initiation of methamphetamine use and the progression of use leading to addiction. Programs should be developed to target high-risk groups or communities and to increase community involvement in prevention efforts.
 10. **Increase Treatment Capacity**. Assess treatment needs for synthetic and diverted pharmaceutical drug addiction and, if necessary, expand that capacity in the community and in correctional facilities. Particular emphasis should be given to the development of additional treatment capacity for methamphetamine users, to include follow-up services that address the protracted recovery period associated with methamphetamine dependency.
 11. **Research Treatment for Synthetic Drug Abuse**. Increase research on the physical and psychological effects of methamphetamine and other synthetic drugs, as well as on the development of effective treatment protocols for synthetic drugs.
 12. **Develop Early Response Treatment Protocols**. Develop and disseminate early-response protocols addressing requests for treatment of dependency on emerging synthetic drugs and diverted pharmaceuticals.
 13. **Study Options for Criminal Justice System Treatment**. Invest in additional studies on the efficacy of various comprehensive treatment programs for synthetic drug abuse and on their adaptability to diverse individual and community needs, especially those unique to the criminal justice system.
 14. **Expand Dissemination of Treatment Best Practices**. Expand capabilities to disseminate pertinent research results and best-practices training techniques as part of the overall effort to increase access to effective treatments for dependencies on synthetic and diverted pharmaceutical drugs.
 15. **Support Stronger State Controls on Precursor Chemicals**. States that face significant levels of clandestine lab activity and chemical diversion are urged to consider the imposition of more stringent controls than those currently in place at the federal level. Several states, notably Oklahoma, have recently enacted strict retail-level controls.
 16. **Strengthen Cooperation with Mexico**. Solidify significant recent advancements by Mexico to increase the effectiveness of bilateral chemical control with the United States through continued partnership and meetings with the pertinent Mexican components, including the drug intelligence center (CENAPI—Centro Nacional de Planeación y Información Para el Combate a la Delincuencia), the Federal Investigative Agency (AFI—Agencia Federal de Investigación), the Federal Commission for the Protection from Sanitary Risk (COFEPRIS—Comisión Federal de Protección contra Riesgos Sanitarios), and the Health Commission, as well as the Bilateral Interdiction Working Group, the Senior Law Enforcement Plenary, and the Binational Committee.
 17. **Enhance Coordination and Information Exchange with Canada**. Enhance ongoing coordination with Canada Customs and Revenue Agency on border detection, targeting and interdiction efforts, and ensure appropriate focus by Canada-U.S. joint Integrated Border Enforcement teams on the precursor chemical and synthetic drug threats. Further expand the ongoing exchange of information concerning Canadian businesses involved in the importation, production, and distribution of pseudoephedrine – particularly those firms whose products have frequently been diverted or smuggled into the United States.
 18. **Strengthen the Multilateral Chemical Control System**. Garner international support for making existing multilateral chemical controls more universal, formal and well-supported by international institutions, including UN bodies such as the International Narcotics Control Boards and regional bodies such as the Organization of American States' Inter-American Drug Abuse Control Commission (CICAD). Work to realize the full potential

- of Project PRISM, and build support for the application of the 1988 UN Convention to pharmaceutical preparations containing precursor chemicals that can be easily recovered for use in illicit drug production.
19. **Exchange Information with Chemical Producing Countries.** Continue ongoing information-sharing efforts with the countries that produce precursor chemicals used to make amphetamine-type stimulants, particularly China, India, Germany and the Czech Republic.
 20. **Educate Store Employees.** Building on efforts begun in a number of states, work to develop a model training program for pharmacists, retail management and store employees concerning suspicious pseudoephedrine purchases, as well as suspicious sales of chemicals and items used in the manufacture of methamphetamine.
 21. **Encourage Voluntary Controls by Retail Pharmacies and Stores.** Seek the voluntary participation of major retail chains in programs to control pseudoephedrine products through restrictions on the quantity that can be purchased at a single time. Also support the voluntary movement of pseudoephedrine products from stores' open shelves to behind pharmacy counters or other manned counters in retail settings where pharmacies are not on site.
 22. **Support State Prescription Monitoring Programs.** Support states' creation of prescription monitoring programs designed to detect inappropriate prescribing patterns and prescription fraud. Law enforcement and regulatory entities should have access to information in cases of apparent diversion or inappropriate prescribing of controlled substances, and some provision for state-to-state communication of adverse information should be examined. Supporting legislation should be explored.
 23. **Target Pseudoephedrine and Iodine Smuggling to and from Mexico.** Focus law enforcement resources on stopping the recently-noted flow of suspicious shipments of precursor chemicals, notably pseudoephedrine, from Asia to Mexico, apparently destined for clandestine methamphetamine labs in Mexico and the United States. Also focus on the smuggling of iodine from Mexico. In all such cases, law enforcement should identify and aggressively pursue the persons and firms responsible.
 24. **Focus on Canadian Synthetics and Chemical Smugglers.** Expand joint U.S.-Canadian investigations into the smuggling of chemicals, methamphetamine, MDMA, and other club drugs and diverted pharmaceuticals. Assign high priority to investigations of large seizures of pseudoephedrine and ephedrine from Canada, and develop prosecutable cases against rogue Canadian companies and their principals.
 25. **Investigate Ties between Canadian and Mexican Criminals.** Analyze law enforcement reporting and intelligence with respect to Canadian pseudoephedrine and ties between Canadian sellers and Mexican lab operators in California. Analysis of the flow of funds generated from sales of pseudoephedrine in Canada and the United States should be coordinated by the appropriate agencies within the concerned Departments.
 26. **Investigate Asian and European Sources of Synthetic Drugs.** Work with international law enforcement partners and regional groups to investigate Asian criminal groups in North America and in Asia that increasingly may be engaged in producing and trafficking synthetic drugs and their precursor chemicals. Enhance bilateral efforts with the Netherlands and other MDMA-producing countries in Europe to build investigations, share information, and extradite criminal where appropriate.
 27. **Apply Updated Clandestine Lab Cleanup Guidelines.** Disseminate and apply the latest guidelines for the cleanup of clandestine methamphetamine labs and, where necessary, coordinate environmental remediation by appropriate entities. These protocols for adulteration and destruction of precursor and essential chemicals, glassware, and methamphetamine waste should be part of clandestine laboratory certification training.
 28. **Share Law Enforcement Best Practices.** Based on the successes achieved by local law enforcement in Southern California using reverse-buy investigations and by communities in the Midwest that have set more strenuous penalties and regulations regarding synthetic drugs, establish a mechanism for sharing best practices among federal, state and local law enforcement as well as with international partners who are confronting synthetic drug threats.
 29. **Increase Access to Civil Penalty Case Experts.** The Department of Justice should develop and disseminate a list of attorneys who have experience in civil penalty cases under the Controlled Substances Act and who are available to assist U.S. Attorney's Offices in districts where such cases have never or rarely been referred or pursued.
 - This list will be disseminated to US Attorneys offices nationwide, and relevant training is planned for inclusion in future Civil Enforcement conferences to increase the number of Federal prosecutors able to bring civil penalty cases in appropriate circumstances.
 30. **Enhance Methamphetamine Profiling Efforts.** Increase the number of samples available for analysis in DEA's methamphetamine profiling program by incorporating samples of the drug seized by state and local law enforcement at super labs, or from shipments strongly suspected of originating from such large-scale operations. Also leverage information on chemicals, adulterants, cutting agents, and equipment found at the site.

31. **Increase Prosecutor and LEA Training.** Recognizing the unique issues presented by chemical and methamphetamine cases, the Federal government should, as resources permit, offer training for criminal and civil prosecutors and Federal, state and local law enforcement agents more frequently and in different regions of the country.
32. **Make Full Use of Charging and Sentencing Options.** Prosecutors should make full use of federal Sentencing Guidelines provisions, which set a sentencing floor (of 70-87 months) for any case involving methamphetamine manufacture that creates a substantial risk of harm to human life. Federal prosecutors should also make greater use of the environmental enhancement for clandestine drug manufacturing involving “unlawful discharge, emission, or release into the environment of a hazardous or toxic substance or for the unlawful transportation, treatment, storage or disposal of hazardous waste.”
33. **Seek Updated Sentencing Guidelines for Club Drugs.** Work with the US Sentencing Commission to review data on the impact and effectiveness of current sentences for trafficking in ketamine, GHB and its precursors and analogues, and other club drugs, and, if advisable, propose enhanced guidelines sentences.
 - In the PROTECT Act, Congress told the US Sentencing Commission last year to look into sentencing for GHB and as a result, the Commission increased the sentences and also clarified how analogue offenses are sentenced. Now that the Commission increased the guidelines, the SD-IWG will periodically monitor whether or not this is an item that requires further attention.

Category B: Recommendations with which there is substantial agreement in principle, but which will require Federal legislation to be fully effective.

34. **Remove the Blister Pack Exemption.** Support legislation that removes the blister pack exemption and eliminates distinctions based on the form of packaging.
35. **Regulate Chemical Spot Market.** As an extension of existing authority over imports, law enforcement should seek the legislative authority to regulate sales of bulk chemicals on the domestic spot market by notification and approval of any deviations in quantity or customer from the import declaration.
36. **Enable Import Controls on Bulk Ephedrine and Pseudoephedrine.** Seek legislation that would treat the post-importation handling of bulk ephedrine and bulk pseudoephedrine in a similar manner, for regulatory purposes, as federal laws now treat the post-importation processing of Schedule I and II controlled substances. Impose such controls on these critical precursors as are needed to limit imports to those necessary for legitimate commercial needs and for maintenance of effective control over chemical diversion.
37. **Strengthen Controls on Internet Sales.** Support legislation that regulates the burgeoning business of Internet sales of drugs, particularly controlled substances, by prohibiting the dispensing of controlled substances online without a valid prescription.
38. **Limit Online Chemical Sales.** Continue ongoing efforts to advise the owners and operators of major online auction websites of the use of precursor chemicals in clandestine labs, and urge them to consider banning the sale of precursor chemicals over their websites.
39. **Prevent Exploitation of Mail Services.** Work with the U.S. Postal Service and private express mail delivery services to target illegal mail-order sales of chemical precursors, synthetic drugs, and pharmaceuticals, both domestically and internationally.
40. **Consider New Legislation on Club Drugs.** Federal officials should continue efforts to develop additional legislation to address legal issues that often arise with respect to club drugs and rave-type events. For example, the distribution of imitation controlled substances could be explicitly criminalized at the federal level, and the provisions governing controlled substance analogues and counterfeits could be clarified.
 - Some prosecutors indicate that club drug cases, including cases involving 1,4 butanediol and GBL cases, are cumbersome to litigate because the Government must establish beyond a reasonable doubt that the substances satisfy the definition of a controlled substance analogue. The SD-IWG will consider legislation to amend the Analogue Act. For example, a bill could specify that 1,4 BD and GBL are presumptive analogues and therefore are treated as Schedule I drugs when intended for human consumption, and could also authorize DEA to establish, through notice and comment, a list of presumptive analogues. These measures would facilitate the prosecution of cases involving emerging designer drugs.

Category C: Those regarding which one or more Federal agencies participating in the SG-IWG determined merit further discussion.

41. **Develop Guidelines for Juvenile Drug Treatment.** Fund research on and pursue the development of guidelines with respect to the treatment of juveniles, who often are not adequately served in existing drug treatment programs designed for adults.
 - There is no disagreement about the value of guidelines and best practices for juvenile drug treatment, but the SD-IWG recognizes the need for better data as the basis for these guidelines. Toward this end, NIDA will continue to support research on juvenile drug treatment and, as better research becomes available, disseminate best practices information for juvenile drug treatment.
42. **Improve Education and Training on Pharmaceuticals.** Ensure product labeling that clearly articulates conditions for the safe and effective use of controlled substances, including full disclosure of safety issues associated with pharmaceuticals. Develop a mechanism for the wider dissemination and completion of approved Continuing Medical Education courses for physicians who prescribe controlled substances. Develop Internet public service announcements regarding the potential dangers and illegality of online direct purchase of controlled substances.
 - The Food and Drug Administration has the responsibility for pharmaceutical product labeling, and SAMHSA engages in a variety of education and training activities concerning prescription drug abuse. The SD-IWG recommends further discussion and analysis of this recommendation.
43. **Examine the Use of Prescription Narcotics.** Assess the scope and magnitude of the licit and illicit use of prescription narcotic analgesics, in particular OxyContin, including the pursuit of additional data sources in cooperation with the Food and Drug Administration (FDA), the National Institute for Justice (NIJ), private entities and others.
 - Some of this falls under Category A, as the National Survey on Drug Use and Health (NSDUH) has been recalibrated to ask more detailed questions about the scope of prescription drug abuse. However, further discussion and research are needed to improve data about the sources of diversion, e.g., what percentage of prescription drug abuse in the United States is enabled through the internet, through doctor shopping, through street-level drug dealing, et cetera.
44. **Determine Licit Chemical Needs.** In cooperation with industry, commission a statistical analysis to estimate the legitimate needs for pseudoephedrine and ephedrine products – including combination products such as ephedrine with guaifenesin – both nationwide and regionally.
 - SD-IWG agencies believe this to be a helpful recommendation, but the primary reason for this recommendation was in furtherance of the recommendation for better import controls (using licit chemical needs estimates to help determine legitimate import amounts). Although this recommendation does not technically require legislation, it will be pursued upon the implementation of legislation regarding import controls.
45. **Review Lab Cleanup Resources.** Ensure adequate funding sources for clandestine laboratory and dumpsite cleanups, including funding for sufficient personnel to support laboratory cleanups and hazardous waste disposal, so that cleanup costs are not a disincentive to laboratory investigations or takedowns. Federal officials, in collaboration with state agencies, should conduct a needs assessment to identify potential program improvements and make recommendations on the specific support needed and the funds required.
 - The first half of this recommendation should be considered accomplished, as both the current fiscal year budget and proposed budget for FY 2006 provide adequate funding to support state laboratory and dumpsite cleanups. Approximately \$24 million in COPS funds are available to state and local law enforcement this year for lab cleanup. With respect to the second half of the recommendation, the SD-IWG recognizes that expansion of the container program for seized materials – requiring about a \$40,000 initial outlay per jurisdiction -- could decrease the resources necessary for lab cleanup and, in particular, disposal of seized materials.
46. **Improve Intelligence Efforts Related to Synthetic Drugs.** Intensify intelligence components' focus on gathering and sharing information regarding the nature and scope of synthetic drugs trafficking. Make full use of NDIC's real-time analytical database for both pre- and post-operation link analysis and document exploitation. Strengthen mechanisms for sharing actionable intelligence, trend analysis, and information on criminal organizations among the United States and concerned Western European countries.
 - Consensus is that our domestic intelligence is stronger than our international intelligence. The problem is also a lack of information sharing of, e.g., seized drug samples from Mexico, which presents problems under Mexican law and commercial information from India and China. The SD-IWG plans to convene a sub-group to review intelligence issues in more detail within the next three months.



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Washington, D.C. 20537

Mr. Jay Kosminsky
Vice President - Public Affairs
Pfizer Consumer Healthcare
201 Tabor Road
Morris Plains, New Jersey 07950

MAR 24 2005

Dear Mr. Kosminsky:

This is in reference to your e-mail regarding pseudoephedrine tablets, both single entity and combination products that are used in illicit methamphetamine labs.

There is a common misconception in industry and among some in the public that over-the-counter (OTC) drug products, particularly pseudoephedrine or ephedrine tablets in combination with other medically active ingredients, are somehow less likely to be diverted or are less desirable among lab cooks for the manufacture of methamphetamine. Nothing could be further from the truth. Most of the labs found in the United States are using tablets, either single-entity or combination tablets, and many of the methamphetamine exhibits analyzed by our labs detect the presence of antihistamines and other ingredients, indicating that combination products were utilized in the reactions.

The presence of other "additives" in the finished product is not an issue for methamphetamine dealers or users. Methamphetamine cooks are not quality conscious to the extent that they worry about what else might end up in the final product. As long as it is methamphetamine and they can get high, they can sell it.

Gel-caps and liquids are not commonly found in methamphetamine labs, yet. However, our chemists at the Drug Enforcement Administration (DEA) have run extractions on liquid and gel-cap ephedrine/pseudoephedrine products and found that the precursor material is readily extractable. Just recently, a lab utilizing gel-caps and liquids was seized in Oregon. While it appears that it is not yet common knowledge among lab operators that you can use these liquid or gel-cap products to make methamphetamine, this is most likely due to the notion that lab operators are creatures of habit. They follow the recipe provided or the advice of other cooks. Most of these recipes refer to tablets so this may explain why they have not seriously sought liquids or gel-caps, yet.

In general, our chemical control efforts have been a game of cat and mouse with clandestine lab operators. A succession of federal laws has been necessary to eliminate loopholes in the control scheme. Consequently, whenever the law has exempted a type of product or material, the traffickers

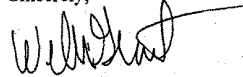
Mr. Jay Kosminsky

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have adjusted their manufacturing procedure and attempted to circumvent DEA regulations by opting for the uncontrolled source of precursor material. For example, when Congress passed the Comprehensive Methamphetamine Control Act of 1996, concerns were raised about the exemption of blister pack tablets from the reporting and recordkeeping requirements of the Controlled Substances Act. Despite warnings from DEA that the utilization of blister packs would increase in clandestine labs, Congress granted this exception. Since that time, clandestine laboratory operators have increasingly exploited ephedrine and pseudoephedrine blister packs.

If you have any further questions about this matter, please feel free to contact me.

Sincerely,



William Grant, Acting Chief
Public Affairs Section
Office of Congressional and Public Affairs