ICE IN THE OZARKS: THE METHAMPHETAMINE EPIDEMIC IN ARKANSAS

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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CONTENTS

	Page
Hearing held on June 28, 2004	1
Statement of:	
Bryant, William J., Assistant Special Agent in Charge, Little Rock, AR, Office (New Orleans Field Division) Drug Enforcement Administration	8
Counts, Larry, director, Decision Point drug treatment facility	168
Cromwell, William M., Acting U.S. Attorney, Western District of Arkansas	24
Dufour, Bob, director of professional and government relations, Wal-Mart Stores, Inc.	178
Gibbons, David, prosecuting attorney, 5th Judicial District	76
Gunn, Mary Ann, circuit judge, Fourth Judicial District, Fourth Division	98
Hickman, Danny, sheriff, Boone County	73
Hoggatt, Greg, director, Drug Free Rogers-Lowell	182
Howard, J.R., executive director, Arkansas State crime lab	61
Hudson, David, Sebastian County Judge	56
Leach, Merlin D., executive director, Center for Children & Public Safety	186
Louie, Shirley, environmental epidemiology supervisor, Arkansas Department of Health	68
Macdonald, James, Federal on Scene Coordinator, Region 7, U.S. Environmental Protection Agency	32
Pyle, Michael	192
Rutledge, Keith, State drug director, Office of the Governor of Arkansas	46
Letters, statements, etc., submitted for the record by:	
Bryant, William J., Assistant Special Agent in Charge, Little Rock, AR, Office (New Orleans Field Division) Drug Enforcement Administration, prepared statement of	12
Counts, Larry, director, Decision Point drug treatment facility, prepared statement of	170
Cromwell, William M., Acting U.S. Attorney, Western District of Arkansas, prepared statement of	26
Dufour, Bob, director of professional and government relations, Wal-Mart Stores, Inc., prepared statement of	180
Gibbons, David, prosecuting attorney, 5th Judicial District, prepared statement of	78
Gunn, Mary Ann, circuit judge, Fourth Judicial District, Fourth Division, prepared statement of	100
Hickman, Danny, sheriff, Boone County, prepared statement of	74
Hoggatt, Greg, director, Drug Free Rogers-Lowell, prepared statement of	184
Howard, J.R., executive director, Arkansas State crime lab, prepared statement of	63
Hudson, David, Sebastian County Judge, prepared statement of	58
Leach, Merlin D., executive director, Center for Children & Public Safety, prepared statement of	188
Louie, Shirley, environmental epidemiology supervisor, Arkansas Department of Health, prepared statement of	70
Macdonald, James, Federal on Scene Coordinator, Region 7, U.S. Environmental Protection Agency, prepared statement of	34
Pyle, Michael, prepared statement of	194
Rutledge, Keith, State drug director, Office of the Governor of Arkansas, prepared statement of	49
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, prepared statement of	4

ICE IN THE OZARKS: THE METHAMPHETAMINE EPIDEMIC IN ARKANSAS

MONDAY, JUNE 28, 2004

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

The subcommittee met, pursuant to notice, at 9:30 a.m., at the Northwest Arkansas Community College, White Auditorium, One College Drive, Bentonville, AR, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder and Boozman.

Staff present: Nicholas Coleman, professional staff member and counsel; and Malia Holst, clerk.

Mr. SOUDER. Good morning, and thank you all for coming. This hearing continues our subcommittee's work on the problem of methamphetamine abuse, a problem that is ravaging the State of Arkansas and the entire Nation. I'd like to thank Congressman John Boozman for inviting us here to Bentonville and for his leadership in confronting the meth epidemic.

In 2003, Congressman Boozman testified before our subcommittee about the meth problem in northwest Arkansas, and since then, we have frequently discussed ways to help communities like this one reduce drug abuse.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It can be "cooked" using common household or agricultural chemicals and simple cold medicines, following recipes easily available on the Internet. The meth here in Arkansas and in other States comes from two major sources of supply. First, most meth comes from the so-called "superlabs" in California and northern Mexico. By the end of the 1990's these super labs produced over 70 percent of the Nation's supply of meth. These 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. According to recent news reports, these groups have introduced the form of meth called "crystal meth" or "ice" to Arkansas, which is very pure and extremely addictive.

The second major source of meth comes from small, local labs that are generally unaffiliated with major drug trafficking organizations. These labs have proliferated throughout the country, and Arkansas has been particularly hard hit, with one of the highest rates per capita of lab seizures in the country. The total amount

of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create makes them a serious problem for local communities, particularly the State and local law enforcement agencies charged with the duty to uncover and clean them up. In my home State of Indiana, for example, more than 20 percent of the labs raided by the police were discovered only after they had exploded and started fires. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used in drug manufacturing.

Our hearings during the 107th Congress were mostly held in Washington and looked at this problem from a national perspective. This year, however, we have taken a different approach. We have instead been holding hearings in specific regions that have been hardest hit by meth trafficking and abuse. In February, we held a hearing in northeastern Indiana, followed by a hearing in Detroit, Michigan, where large quantities of meth precursor chemicals like pseudoephedrine were being smuggled until very recently. In August, we will hold a hearing in Kailua-Kona, Hawaii, where the use of crystal meth is growing rapidly and also takes the most money from the Federal Government for the meth problems.

Everywhere we go, we hear about many of the same issues; the environmental damage caused by the labs; the high cost and long hours required for law enforcement agencies to process lab sites; and the heartbreaking stories of children exposed to drugs and chemicals and in need of emergency medical care and a safe place to go. We hear about how addictive and deadly this drug is, and how difficult it is to provide treatment and get meth users off drugs.

The Bush administration, and especially its Office of National Drug Control Policy [ONDCP], has pushed for strong and effective action against meth abuse. We will need to take action at every level—Federal, State and local—to respond to this problem. Let me briefly mention three issues that need to be addressed.

First, what do we need to do to reduce the supply of meth? In the late 1990's, the Federal Government responded to the meth problem both here and elsewhere with stricter laws against the precursor chemical trade and tougher enforcement. The proliferation of smaller meth labs, however, means that we probably will have to further restrict the ability of meth cooks to get precursor chemicals—especially pseudoephedrine. Already many States have acted to restrict sales of cold medicines and other pseudoephedrine sources. A major question Congress must address is whether to enact a national standard for these sales, and, if so, what form it should take?

Second, how should we deal with environmental issues created in the wake of a meth lab seizure? We have to ensure that the toxic chemicals produced and dumped by lab operators are cleaned up, but these criminals rarely have enough money to compensate the Federal Government for those costs. If we impose the costs on unsuspecting land owners or landlords, however, we may give them a disincentive to monitor their property and report suspicious activity to the police. In California, for example, some farmers prefer to bury the remains of meth labs they find on their property, because

if they report them, they will be liable for the clean-up costs. So we are having lots of unanticipated consequences. We will have to carefully consider how we assign the responsibility for this difficult and expensive task.

Finally, how do we get meth addicts into treatment, and how do we keep young people from starting on meth in the first place? We can all agree that education and outreach are vital, but the hard part is figuring out what works best. What works for marijuana, ecstasy or cocaine may not work as well for meth.

This hearing will address these difficult questions and hopefully bringus closer to some answers. Again, I thank Congressman Boozman for inviting us here, and for the assistance that he and his staff provided to our subcommittee in setting up this hearing. We will welcome in the first panel three witnesses who have joined us to discuss the Federal Government's response to the meth problem; Mr. William J. Bryant, Assistant Special Agent in Charge of the Drug Enforcement Administration's Office in Little Rock, AR; Mr. William Cromwell, Acting U.S. Attorney for the Western District of Arkansas; my understanding, that's his career position as acting district attorney second time through; and Mr. James MacDonald, the Federal On Scene Coordinator for the U.S. Environmental Protection Agency's Region 7.

At a hearing like this, it is vitally important for us to hear from State and local agencies forced to fight on the "front lines" against meth and other illegal drugs. We welcome Mr. Keith Rutledge, the Governor's State drug director; the Honorable David Hudson, a Sebastian County judge; Mr. J.R. Howard, executive director of the Arkansas State Crime Lab; Miss Shirley Louie, environmental epidemiology supervisor of the Arkansas Department of Health; Sheriff Danny Hickman of Boone County; and Mr. David Gibbons, prosecuting attorney for the 5th Judicial District.

We also welcome five witnesses who work in the field of drug treatment and prevention. They're of vital importance here in northwest Arkansas. The Honorable Mary Ann Gunn, circuit judge for the Fourth Judicial District, who has worked extensively with the Drug Courts initiative here; Mr. Larry Counts, director of Decision Point Drug Treatment Facility; Mr. Gregg Hoggatt, director of the Drug Free Rogers-Lowell; Mr. Michael Pyle, a recovering methamphetamine addict; and Dr. Merlin D. Leach, executive director of the Center for Children & Public Policy. Finally, we'd also like to welcome two representatives of the retail and trucking industries, whose assistance and expertise we will need to stop the problem of meth production and trafficking; Mr. Bob Dufour, director of professional and government relations for Wal-Mart Stores, Inc.; and Mr. Lane Kidd, president of the Arkansas Trucking Association. We thank everyone for taking the time to join us this morning, and look forward to your testimony.

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

Opening Statement
Chairman Mark Souder

"Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

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

June 28, 2004

Good morning, and thank you all for coming. This hearing continues our Subcommittee's work on the problem of methamphetamine abuse – a problem that is ravaging the state of Arkansas and the entire nation. I'd like to thank Congressman John Boozman for inviting us here to Bentonville, and for his leadership in confronting the meth epidemic. In 2003, Congressman Boozman testified before our Subcommittee about the meth problem in northwest Arkansas, and since then we have frequently discussed ways to help communities like this one to reduce drug abuse.

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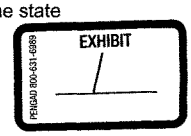
The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs have proliferated throughout the country – and Arkansas has been particularly hard hit, with one of the highest rates of per capita lab seizures in the country. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create make them a serious problem for local communities, particularly the state and local law enforcement agencies charged with the duty to uncover and clean them up. In my home state



of Indiana, for example, more than 20% of the labs raided by police were discovered only after they had exploded and started fires. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used in drug manufacturing.

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Mr. SOUDER. Now I'd like to yield to my friend and colleague Congressman Boozman.

Mr. BOOZMAN. Mr. Chairman, and staff members on the Subcommittee on Criminal Justice, Drug Policy and Human Resources, I want to welcome you to northwest Arkansas. I truly appreciate the committee taking the time to come to Arkansas to see firsthand the methamphetamine epidemic in our region. I would also like to welcome our witnesses. You're all on the front lines in the daily battle against methamphetamine in Arkansas. I appreciate all that you do, and I look forward to hearing your insightful testimony. Last, I would also like to recognize and thank you for coming, the many distinguished guests in our audience that are joining us today.

The threat posed to our Nation by the traffic and abuse of meth is high and increasing. According to the National Drug Intelligence Center's 2004 national drug threat assessment, it was reported that meth is the second largest drug threat across the Nation according to State and local law enforcement. It is second only to cocaine. So although meth represents a small percentage of drug use in America, the repercussions of using meth make it the second biggest drug threat in our Nation. The highly addictive nature of the drug paired with the intense feelings of paranoia, agitation and depression cause extensive cases of child abuse, spousal abuse, robbery, and theft. The ripple effect caused by this drug is like no other.

I took an informal poll around my district and heard overwhelmingly—notice I said "informal." One of those words where I won't get rounded up by the chairman. But, anyway, when you visit with anyone that's related to law enforcement in a district, they'll tell you that over 70 percent of all crime in this region can be attributed to meth. We have another problem here in Arkansas, a technical problem, of not reporting all of our data to the Federal agencies. You may notice that the DEA statistics for meth lab seizures in Arkansas are significantly below the Arkansas State Crime Lab numbers. This is because we need to do a better job of reporting our data to the Federal agencies.

If you'll notice, in the latest national drug threat assessment, Missouri was reported to have the highest number of meth lab seizures in the central States in 2003 with 1,075. Arkansas was listed at No. 2 with 656 seizures. These are the Federal statistics. However, if you compare that with the Arkansas State Crime Lab numbers, you'll see that Arkansas actually seized over 1,200 meth labs in 2003. This figure far exceeds Missouri's numbers. And, in fact, when you look at the State Crime Lab's numbers, we've experienced a 4,900 percent increase in meth lab seizures since 1995. That's not even 10 years.

In 1995, Arkansas seized 24 meth labs, and in 2004, it's predicted that we will seize over 1,300 labs. We must get the word to the Federal Government so that we can get some help.

I want to show you this real quick. This is a HIDA map. And I know you can't see it back in the back, but it illustrates where the HIDTA areas are, the high intensity drug traffic areas are as far as where the resources are put. The little dots represent resources that have been put in place with the HIDTA program. As you can

see, we have this huge gap from Louisiana through Arkansas. This is something that we want to look at. Is there a reason that all of the sudden we don't have any trafficking in this area; it's all just home cooked labs? Or, in realty, do we need more Federal intervention in this area.

Winning back our communities takes a balanced approach. The DEA can help make sure our laws are upheld, but effective treatment and education is equally critical. We must have adequate alternatives for those who are caught in meth's dangerous grasp. I'm impressed by the effectiveness of the drug courts. Many addicts do not realize they need help. Drug courts make them accountable and keep them clean. We can fight this problem together with local, State, and Federal resources working together. We can loosen the grip methamphetamine has on our Nation.

Again, I'm looking forward to hearing the testimony of our witnesses, and thank you to Chairman Souder and his staff for joining us in Northwest Arkansas for such an important hearing.

Mr. SOUDER. Thank you.

Let me do a couple of procedure matters. I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record; that any answers to written questions provided by the witnesses also be included in the record. No objections, so ordered.

Second, I ask in that extent that all Members present be permitted to participate in the hearing without objection. It is so ordered.

Our first panel is composed of three representatives of the Federal Government. Mr. Bill Bryant of DEA; Acting U.S. Attorney William Cromwell; Mr. James McDonald of the DEA. It's our standard practice to ask witnesses to testify under oath. If you'll stand and raise your right hands, I'll administer the oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses has answered in the affirmative. Mr. Bryant, good to see you again.

Mr. BRYANT. Good to see you, Mr. Souder.

Mr. SOUDER. You're recognized for 5 minutes.

For those of you who aren't familiar with this, it should go yellow with 1 minute to go. We'll be a little generous, but want to be able to ask questions and get answers; and to do that, we'll be staying reasonably close as possible. Your full statements will be in the record. Anything else you want to submit will be in the record. But with three panels, I've got to make sure we get a wide variety.

STATEMENT OF WILLIAM J. BRYANT, ASSISTANT SPECIAL AGENT IN CHARGE, LITTLE ROCK, AR, OFFICE (NEW ORLEANS FIELD DIVISION) DRUG ENFORCEMENT ADMINISTRATION

Mr. BRYANT. Good morning, Chairman Souder and Congressman Boozman. My name is William J. Bryant. I'm the assistant special agent in charge of the Drug Enforcement Administration in the Little Rock district office. On behalf of Administrator Karen Tandy and the men and women of the Drug Enforcement Administration, let me express my sincere appreciation for your ongoing support

and for this hearing on Ice in the Ozarks, The Methamphetamine Epidemic in Arkansas.

Before I begin my testimony this morning, Chairman Souder, I would like to take this opportunity to recognize you for your outstanding leadership in the area of drug law enforcement. As you know, I served as the Chief of Congressional Affairs under Administrator Donny Marshall and also under Administrator Asa Hutchinson. During my time in this position, I had the opportunity to work with you and your committee on issues both domestic and internationally. You are a true leader, and you've taken your position as chairman of this subcommittee very seriously. I want to recognize you for your outstanding work that benefits all law enforcement, not just Federal law enforcement, but you always took the extra time to see what State and local law enforcement is doing. And for that, I applaud you.

I would also be remiss if didn't recognize Congressman Boozman. Upon my return to Arkansas, Congressman Boozman came down to Little Rock, and because he sought me out. I'd didn't have to seek him out. He came to Little Rock, and he wanted to be briefed on the methamphetamine situation in Arkansas, because he has a true concern for the people in the State of Arkansas. We had a week of discussion, and he committed his support to law enforcement in this community. He followed up with this commitment by Congressman Boozman by having this hearing today, and I thank you for that.

Mr. Chairman, as I mention in my written statement I submitted for the record, the No. 1 problem in Arkansas is methamphetamine. The methamphetamine problemin Arkansas is a twofold problem. It's very similar to your situation in your home State of Indiana. The twofold problems are small toxic labs and Mexican drug trafficking organizations.

Small toxic labs are local independent operators who produce one to two ounce quantities of methamphetamine. Locally, over 90 percent of these small toxic labs operate and produce methamphetamine for personal use and local distribution. Unfortunately, methamphetamine is a simple drug to produce. The ingredients are not only readily available but also inexpensive. Items such as cold medicine, such as ephedrine and pseudoephedrine, lithium batteries, camp fuel, match striker plates, starter fluid, and iodine crystals are some of the items needed to manufacture methamphetamine. Unfortunately, year after year the small toxic labs seizures continue to increase in Arkansas.

According to statistics from the Arkansas State Crime Lab, a total of 16 clandestine laboratories were seized in 1993 for a total of 1,208 seizures in 2003. So far in 2004, we are on a pace to exceed the 2,000 lab seizure statistics.

Meth labs create a environmental hazard with enormous clean-up costs. The DEA assists State and local law enforcement agencies with the clean up of meth labs for funding supplied by Congress. In 2002, the DEA assisted Arkansas law enforcement agencies in 545 lab clean-ups which totaled $1.8 million with an average cost of $3,300 per lab. In 2003, DEA was able to negotiate a new contract with hazardous waste and disposal companies to reduce the cost of clean-up. In 2003, DEA in Arkansas assisted law enforce-

ment with 810 clandestine lab clean ups for a total of $1.3 million with an average cost of $1,725 per lab. Due to the increase in the number of labs, DEA opened a second response site for the hazardous waste contract in Fayetteville, Arkansas, in January 2004. This resulted in a cost savings for State and local law enforcement agencies on overtime costs.

These laboratory operators known as cooks typically have no chemical background or training, which leads to these laboratories resulting in fires and explosions. In 2001, the State of Arkansas EPIC stats revealed we had 15 fires and explosions. Unfortunately, it continued to increase. In 2002, we had a report of 20 fires and explosions and then 28 fires and explosions in 2003.

DEA has taken the lead in the law enforcement area of clandestine laboratory training. I'm glad to report DEA has trained over a total of 451 State and local law enforcement officers in Arkansas with clandestine laboratory training, which includes the State and local certification school, site safety officer school and tactical training. No only do these meth labs pose a danger to the law enforcement community, they pose a danger to the children of our State. In 2001, EPIC statistics showed 121 children were affected here in the State of Arkansas. Unfortunately, again this number increased in 2002 reporting 207 children and in 2003, 219 children.

The secondfold problems are Mexican drug trafficking organizations here in Arkansas. We have definitely seen an increase in the Mexican drug traffic organizations in Arkansas, primarily involving the distribution of methamphetamines. DEA investigations have found Mexican drug traffic organizations transport multi-pound quantities of methamphetamine to the State for distribution. DEA intelligence in Arkansas indicates that some of these organizations are capable of distributing 20 pounds or more of methamphetamine in a 1-month timeframe.

I thought the name of this hearing was very appropriate, Ice in the Ozarks, due to the fact that this past 12 months DEA has observed a significant amount of methamphetamine "ice" being distributed in the State of Arkansas by methamphetamine drug trafficking organizations. As you know, ice is a colorless, odorless form of d-methamphetamine. It resembles glass fragments or shiny blue-white "rocks" of various sizes. Ice typically has a high purity level, particularly if smoked using a glass pipe. Ice is also compared to crack cocaine. Crack cocaineabusers experience a high of about 20 to 30 minutes, while ice may last 12 hours or more.

I've noted several significant investigations in my written statement that outlines a significant amount of methamphetamine and methamphetamine ice being seized in our State. DEA has joined forces with our State and local partners to address methamphetamine-related trends from large traffic organizations down to small time producer operating out of their homes. Placing emphasis on DEA priority target programs, eliminating small toxic labs, combining Federal regulations with local initiatives to reduce the availability of pseudoephedrine in the illicit market and enforcing more chemical controls on meth.

In conclusion, the seriousness of the problem resulting from methamphetamine threat cannot be overstated. Perhaps more than any other drug, methamphetamine puts all of us, users and

nonusers alike, at risk. The innocence of children, the fortitude of law enforcement and the pristine state of our ecosystem are not immune to meth's dangers. As a single mission agency, DEA will continue to devote its resources to identify, investigate, and dismantle the organizations responsible for the spread of meth across Arkansas and our country.

Thank you again for the opportunity to testify before the subcommittee, and I will be happy to answer questions at the appropriate time. Thank you.

[The prepared statement of Mr. Bryant follows:]

Statement of
William J. Bryant
Assistant Special Agent in Charge
Little Rock District Office
Drug Enforcement Administration

Before the

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

June 28, 2004

"Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

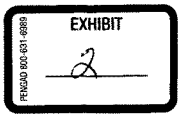
Executive Summary

The rapid rise and spread of methamphetamine use and trafficking in Arkansas has created a unique and difficult challenge for federal, state, and local law enforcement officials. Unlike more traditional drugs of abuse, methamphetamine presents some distinctive challenges. First, it is relatively easy to manufacture; anyone who can read and measure can make methamphetamine. Second, many production sites are located in rural areas of Arkansas where there is limited day-to-day law enforcement presence. Third, methamphetamine is a particularly intense stimulant, highly addictive, and devastatingly dangerous. The combination of these factors has led the DEA to pursue a multi-faceted response.

The methamphetamine trafficking situation in Arkansas reflects the current overall methamphetamine situation throughout the Midwest. Methamphetamine is the number one drug threat in the state of Arkansas. The methamphetamine situation in Arkansas is a two-fold problem: Small Toxic Labs (STLs) and Mexican Drug Trafficking Organizations.

Small Toxic Labs are small methamphetamine laboratories capable of producing one – two ounces of methamphetamine. These Small Toxic Labs are dangerous clandestine laboratories, which are placing strains on our communities and Arkansas law enforcement agencies. Locally, over ninety percent of independent small toxic lab (STL) operators produce methamphetamine for personal use and local distribution. The laboratory operators, known as "cooks", typically have no chemical background or training, which leads to these laboratories resulting in fires or explosions.

The DEA has joined forces with our state and local law enforcement counterparts to investigate and shut down these toxic labs. Progress requires vigilance to ensure the safe cleanup of the labs. Being very costly, the DEA works with state and local officials to provide as much assistance as possible with lab cleanups and extensive training for law enforcement.



Mexican Drug Trafficking Organizations control a vast majority of the methamphetamine distribution in Arkansas, especially in Northwest and Central Arkansas. Their networks transport multi-pound quantities from clandestine "superlabs" capable of producing at least 10 pounds of the drug in a 24-hour period from location in the West and even Mexico, to Arkansas for distribution.

In the last 12 months, Arkansas has seen a significant increase in the amount of methamphetamine "ice" being distributed or seized. The majority of the "ice" seizures have been linked to Mexican Drug Trafficking Organizations, where traditionally the "ice" was coming from Asian criminal organizations.

In this testimony, the DEA will describe the nature of the methamphetamine threat to Arkansas, offer specific examples of how we are targeting it, and describe why it is important for the DEA and its partners to make every effort to combat this increasing menace.

Introduction

Chairman Souder, distinguished members of the Subcommittee, and honored guests; it is indeed my distinct pleasure to appear before you. My name is William J. Bryant and I am the Assistant Special Agent in Charge of the Little Rock District Office. On behalf of the DEA Administrator Karen P. Tandy and Special Agent in Charge William J. Renton, Jr. of the New Orleans Field Division, I would like to thank this subcommittee for your continued support of the DEA and its mission.

The Simplicity of Methamphetamine

Methamphetamine is a synthetic stimulant that is classified as a Schedule II controlled substance. This widely abused drug also goes by the names "crank", "meth", "crystal", "speed" and "ice." Although commonly sold in powder form, it has been distributed in tablets or as crystals. Methamphetamine can be smoked, snorted, injected or taken orally.

The clandestine manufacture of methamphetamine has been a concern of law enforcement officials since the 1960's, when outlaw motorcycle gangs dominated distribution. Methamphetamine continues to be the primary drug manufactured in the vast majority of drug labs seized by law enforcement throughout the nation. Since 1997, ninety-seven percent of the clandestine lab seizures reported to the DEA were either methamphetamine or amphetamine labs.

Methamphetamine is, unfortunately, a simple drug to produce. Ingredients are not only readily available, but also inexpensive. For approximately $100 in materials purchased in either a grocery or hardware store, a "cook" can produce $1,000 worth of methamphetamine. Items such as lithium batteries, camp fuel, match striker plates, starter fluid, and iodine crystals can be utilized to substitute for some of the necessary chemicals. Precursor chemicals such as ephedrine and pseudoephedrine can be extracted from common over-the-counter cold medications. A clandestine lab operator currently utilizes relatively ordinary items such as

mason jars and coffee filters to substitute for sophisticated laboratory equipment. Simply put, these are straightforward science fair experiments put to the worst use imaginable.

Another factor in the clandestine lab epidemic is the evolution of technology and the increased use of the Internet. While in the past "chemists" closely guarded their formulas, today's computer savvy America has made them more willing to share their "recipes of death." Aside from marijuana, methamphetamine is the only widely abused illegal drug that is readily manufactured or capable of being produced by the actual abuser. Given the relative ease with which manufacturers are able to acquire precursor chemicals, and the unsophisticated nature of the production process, it is not difficult to see why this highly addictive drug and literally explosive clandestine laboratories continue to appear in Arkansas neighborhoods and all across America.

National DEA Success Against Methamphetamine

Nationally, we have begun to make significant headway to impact methamphetamine trade, primarily through concerted action against the key precursor chemical, methamphetamine. We believe that we have substantially impacted its availability and caused dramatic shifts in trafficking patterns.

Our effort began with three successful back-to-back operations to control domestic diversion of pseudoephedrine, Operations Mountain Express I, II, and III. Combined, these efforts resulted in the arrests of over 289 defendants and the seizure of significant amounts of methamphetamine and currency. More importantly in the long run, they drove traffickers to rely on Canadian pharmaceutical companies to fill the void for huge quantities of methamphetamine. This allowed the DEA to respond with Operation Northern Star, which was specifically designed to combat and control precursor chemicals moving along the U.S.-Canada border with a top-to-bottom strategy, from suppliers of precursor chemicals, to brokers and transporters, to manufacturers and distributors, and ending with the money launderers.

In raw numbers, Operation Northern Star resulted in the arrest of 67 individuals in ten cities throughout the United States and Canada and the seizure of $3.6 million, six residences, 34,154 pounds of pseudoephedrine, and chemicals capable of producing over 20,000 pounds of methamphetamine. It also caused a fundamental shift in the way pseudoephedrine traffickers and methamphetamine manufacturers operate as well as the way that DEA views precursor chemical distributors. We proved that concentrating resources and investigative effort in a specific geographic area of the global chemical trade can make a tangible and demonstrable difference. This is best illustrated by the precipitous drop in the amount of Canadian pseudoephedrine seizures after April 2003. Seizures of pseudoephedrine dropped from a high of more than 75 million tablets in 2001 to approximately 26 million tablets in 2003 -- a majority of which was confiscated before April of last year. This shift is further evidenced by an 85 per cent reduction in Canadian border seizure events for these chemicals from 419 in 2001 to 61 in 2003. In addition, the number of methamphetamine "super-labs" seized in California has decreased from 224 in 2001 to 133 in 2003 and the price of illegal pseudoephedrine in California doubled from $4,000 to $6,000 per case currently, as compared to $2,100-$2,400 per case in 2002.

As the importation of bulk pseudoephedrine dropped at the Northern Border, seizures of finished methamphetamine crossing the Southwest border into the United States increased from 1,170 kilograms in 2001 to 1,601 kilograms in 2003, indicating that methamphetamine production has moved back to Mexico. This further intensifies an already difficult job of cracking down on Mexican drug organizations along the southwest border.

National DEA Success Against Methamphetamine

Nationally, we have begun to make significant headway to impact methamphetamine trade, primarily through concerted action against the key organizations responsible for the illicit distribution of pseudoephedrine, the main precursor chemical of methamphetamine. We believe that we have substantially impacted its availability and caused dramatic shifts in trafficking patterns.

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production has moved back to Mexico. This further intensifies an already difficult job of cracking down on Mexican drug organizations along the southwest border.

Arkansas - The Natural State in the Grasp of Methamphetamine

The number one drug threat for the state of Arkansas is methamphetamine. In Arkansas, the methamphetamine problem is two-fold: Small Toxic Labs (STL) and Mexican Drug Trafficking Organizations. In addition, the state of Arkansas has three major interstate systems: Interstate 40, Interstate 30, and Interstate 55 that traverse through the state. Major drug trafficking organizations transport large quantities of methamphetamine from the Southwest Border to large distribution cities in the Midwest. Law enforcement agencies in the state of Arkansas often interdict these drug carriers that are transporting methamphetamine to other states for distribution. These interdiction stops often lead to controlled deliveries to other states, which can pose significant manpower allocations from federal, state, and local law enforcement agencies in Arkansas to conduct and further these types of investigations.

Small Toxics Labs

STLs are local and independent operators who produce gram to multi-ounce quantities of methamphetamine for personal use and local distribution. According to the Arkansas State Crime Lab in 2003, sixty-two percent of all clandestine methamphetamine laboratories seized in Arkansas utilize the HI/Red Phosphorous production method that allows a novice manufacturer to rely on readily available, inexpensive products and an uncomplicated process to create methamphetamine. Another common manufacturing method being utilized by laboratory operators in Arkansas is the Birch or "Nazi" Method. Approximately sixteen percent of the methamphetamine laboratories seized in 2003 were utilizing this method. The prevalence of these labs spreads the drug to more users and has the most immediate and visible impact.

Overall, all three of the DEA offices (Little Rock District Office, Fayetteville Resident Office, and Fort Smith Post of Duty) in Arkansas expend approximately over 59% of their Priority Target investigative resources on methamphetamine related cases.

According to the latest statistics from the El Paso Intelligence Center (EPIC), the number of clandestine methamphetamine laboratories seized in Arkansas has increased steadily from a low of 11 in 1994 to a high of 791 in 2003. But even this figure could be a low estimate due to incomplete reporting to EPIC from other law enforcement agencies. Detailed statistics from the Arkansas State Crime Lab now indicate that 1,208 clandestine laboratories were seized in 2003. Unfortunately for the year 2004, lab seizures are on pace to exceed the 2003 total. As of June 2004, a total of 562 methamphetamine labs have been seized in the state of Arkansas. The DEA is working closely with state and local law enforcement agencies in Arkansas to implement a new procedure to more accurately track and report lab seizures with the El Paso Intelligence Center database known as the Clandestine Laboratory Seizure System (CLSS).

Small Toxic Labs and Their Environmental Impact

The small toxic labs I described generate significant quantities of hazardous waste during each production cycle. Small, rural communities within Arkansas ultimately must pay the price of the fiscal, environmental, health, and safety hazards associated with criminal entrepreneurs.

STLs initially emerged as a problem in the Midwest in the early to mid-1990s. After initial introduction by Mexican traffickers, local users discovered that they could produce their own methamphetamine. Both the ease of manufacturing and the availability of chemicals contributed greatly to the dramatic growth and spread of these labs throughout the state of Arkansas. While not readily available at the retail level, anhydrous ammonia is used extensively in rural areas throughout the state. Law enforcement agencies' reports indicate that the chemical is easily stolen from nurse tanks stored on family farms and co-ops, and diverted from one of the anhydrous pipelines in the state. "Cooks" are now learning how to manufacture their own Anhydrous Ammonia, which is a very dangerous process in itself.

Methamphetamine laboratories create environmental hazards with enormous cleanup costs. The chemicals used to produce methamphetamine are extremely flammable and toxic. Every pound of methamphetamine produced yields up to five pounds of waste chemicals, which in turn contaminate the land, streams, and public sewer systems.

The DEA assists state and local law enforcement agencies with the cleanup of methamphetamine laboratories with funding supplied by Congress. The DEA contracts with hazardous waste disposal companies to respond to the clandestine laboratory sites to properly package, transport and dispose of the hazardous chemicals and waste. In 2002, the DEA assisted law enforcement agencies in Arkansas with 545 lab cleanups, which totaled $1,831,500. The average cleanup cost in 2002 was $3,300 per lab. In 2003, the DEA was able to negotiate a new contract with hazardous waste disposal companies and reduce the costs of the cleanup. In 2003, the DEA in Arkansas assisted law enforcement with 810 lab cleanups for a total of $1,397,300, in which the average cost of a cleanup for a lab was $1,725.

Due to the large number of laboratories being seized in Arkansas, the DEA negotiated for a second hazardous waste disposal company response site to be located in Fayetteville, Arkansas in January 2004. The placement of this second response site significantly reduced response time, which resulted in a savings of overtime costs for those law enforcement agencies that had to wait for the hazardous waste disposal company to respond to the lab site from the Little Rock response site.

The small labs are often more dangerous than the larger operations. The "cooks" are generally less experienced and have little regard for the consequences arising from the use of toxic, explosive, and poisonous chemicals. In 2001, EPIC reported 15 fires and explosions related to methamphetamine production in Arkansas. The number of fires and explosions has continued to increase with 20 fires and explosions in 2002 and 28 fires and explosions in 2003.

Children Affected

The methamphetamine trade is particularly insidious because of its direct, alarming, and negative impact on our youth. Federal and state law enforcement officials remain vigilant in our efforts to keep youth in Arkansas and across the country from the devastating effects of this drug.

A recently published comprehensive report from the National Jewish Medical and Research Center found that the toxic clouds of chemicals created by meth "cooks" within their "home labs" are posing a significant health and safety threat to the children and adults living in and around labs. This first-of-its kind study scientifically documented how toxic methamphetamine chemicals adhere to almost all the surfaces in a home or even hotel rooms used as a meth lab, from walls to carpets, to table tops and children's clothing. Given this environment, children might as well be taking the drug directly. The DEA Administrator Karen Tandy commented at a January 2004 press conference that the study "exposes the enormous, but hidden, risks of methamphetamine." She emphasized that these high levels of toxins "expose innocent and unwary citizens to poisons that can be silent killers."

The sad fact is that Arkansas children are continually exposed to the ravages of this illegal substance. Toxic labs are often discovered where children live and play. In 2001, information reported to EPIC showed 121 children affected. EPIC CLSS defines the category of children affected as children residing (not necessarily present) and any children visiting at the lab site. In 2002, the number of children affected rose to 207 and in 2003, the number of children affected continued to rise to 219. More than any other controlled substance, methamphetamine endangers children through exposure to drug use/abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosion. In response to this tragic phenomenon, the DEA ensures that endangered children are identified and the child's immediate safety is addressed at the scene through coordination with child welfare and health care service providers.

Not only do clandestine laboratories pose a threat to the general public and children, they also pose a tremendous safety threat to law enforcement. The DEA has provided training to state and local law enforcement officers to safely seize and dismantle these clandestine laboratories. The DEA has trained over 334 state and local officers in Arkansas in the State and Local Lab Certification School, which is held in Quantico, VA. The DEA incurs the costs for this training to include lodging, travel, per diem, and safety equipment. Each officer that attends the SALC training receives over $2,000.00 in safety equipment. The DEA also provides other clandestine laboratory training to officers in Arkansas to include Site Safety Officer School and Clan Lab Tactical School. To date, 103 officers from Arkansas have attended the Site Safety Officer School and the 12 officers have attended the Clan Lab Tactical School.

Mexican Drug Trafficking Organizations

The DEA offices in Arkansas have seen a definite increase of Mexican Drug Trafficking Organizations operating in Arkansas, primarily involved in the distribution of methamphetamine. The majority of the DEA investigations into Mexican Drug Trafficking Organizations have been in the area of responsibility of the DEA Fayetteville Resident Office (FRO) and the DEA Fort Smith Post of Duty (FSPOD).

The DEA investigations have found that Mexican Drug Trafficking Organizations transport multi-pound quantities of methamphetamine to Arkansas from the clandestine "superlabs" (laboratories with a production capacity of at least 10 pounds of methamphetamine in a 24 hour period) located in the West and Mexico. The vast majority of methamphetamine that is actually distributed in Arkansas by volume is dominated by the Mexican Drug Trafficking Organizations.

These organizations are distributing multi-pound quantities of methamphetamine in Arkansas compared to the one - two ounce quantities of methamphetamine being produced by the Small Toxic Laboratories. The DEA's intelligence in Arkansas indicates that these organizations are capable to distributing over 20 pounds of methamphetamine per month.

"Ice" in the Ozarks

Over the last twelve months, the DEA has observed a significant amount of methamphetamine "ice" being distributed in Arkansas. Methamphetamine "ice" is a colorless, odorless form of d-methamphetamine. It resembles glass fragments or shiny blue-white "rocks" of various sizes.

Methamphetamine "ice" and powdered methamphetamine both contain the same active chemical compound; however, crystal methamphetamine typically has a higher purity level and may produce longer-lasting, more intense physiological effects. Methamphetamine "ice" is often compared to crack cocaine. The drugs produce similar physiological effects, are highly addictive, and typically are smoked using a glass pipe. Methamphetamine "ice" also may be injected. Immediately after smoking or injecting methamphetamine "ice", abusers experience a brief, intense sensation, or rush, that is followed by a high that may last 12 hours or more. Crack cocaine abusers experience the same effects for only 20 to 30 minutes.

Traditionally, methamphetamine "ice" production and distribution have been associated with Asian criminal groups. Mexican Drug Trafficking Organizations are now producing methamphetamine "ice" in Mexico, California, and southwestern states and use their established transportation networks to distribute the drug throughout the United States.

Arkansas Distribution Sources, Prices and Purity

The methamphetamine trafficking situation in Arkansas reflects the current trafficking situation throughout the Midwest.

Methamphetamine prices for Arkansas are on average $85 - $100 per gram, $800 - $1,200 per ounce and $8,000 - $12,000 per pound. The price for Methamphetamine "ice" is higher with the average price of $100 - $150 per gram, $1,000 - $1,800 per ounce and $13,000 - $18,000 per pound.

Enforcement Initiatives

The DEA has joined forces with our state and local partners to address methamphetamine-related trends from large trafficking organizations down to the small-time producer operating out of their homes.

Priority Targeting Program

Administrator Tandy has made it an agency priority to focus on disrupting and dismantling priority target organizations and to deprive them of the profits of the drug trade. One of the DEA's most aggressive enforcement efforts is the Priority Targeting Program to which substantial financial and manpower resources are committed consistent with the strategies of the President and the Attorney General. Since the inception of the Priority Targeting Program in 2000, the DEA in Arkansas has initiated 22 Priority Target Investigations, in which 59% were methamphetamine related. The DEA in Arkansas currently has 11 active Priority Target Investigations, in which 6 (55%) are methamphetamine related.

Elimination of Small Toxic Labs

Along with state and local law enforcement counterparts, the DEA has been successful in eliminating many STLs throughout Arkansas. Moreover, the DEA assists state and local authorities with hazardous waste removal, prevention, public awareness, and training that are associated with methamphetamine.

Chemical Control

Recent local initiatives in Arkansas have required the placement of pseudoephedrine behind counters in retail businesses that sell cold medications and limits on the amount of pseudoephedrine that can be purchased. Combined with Federal regulations already in place, these initiatives will significantly limit the availability of precursor chemicals such as pseudoephedrine in the illicit market.

Controlling Pseudoephedrine/Precursor Trafficking

The DEA also uses the precursor control program to identify and target the most significant sources of methamphetamine precursor chemicals. The DEA works domestically with legitimate handlers of precursor chemicals to ensure that these chemicals are not diverted for illicit use. Currently there are three Diversion Investigators and two DEA Task Force Officers assigned to the Little Rock District Office and Fort Smith Post of Duty, who are responsible for working with their state and local counterparts to enforce the chemical control measures in the Controlled Substances Act.

The DEA's chemical investigations have increased by 400 percent since 1999, and the DEA has also undertaken yearly "outreach" and education efforts with the regulated chemical industry for the purpose of preventing chemical diversion.

In addition, the DEA aggressively investigates companies who wish to distribute List I chemicals that could be utilized to manufacture a controlled substance. We also operate a Warning Letter Program to notify manufacturers and distributors of pseudoephedrine and ephedrine tablets when their product is found in illicit settings. To date, the DEA has issued over 634 warning letters, which can form a foundation for criminal, civil, and/or administrative action against registrants who fail to adequately monitor their distribution of List I chemicals.

The DEA in Arkansas has pursued both criminal charges and civil fines in dealing with individuals and companies who illegally distributed List I chemicals through the Eastern and Western Districts of Arkansas United States Attorneys' Offices.

Significant Investigations and Seizures

As I mentioned, the DEA devotes over half of its Arkansas investigative resources to methamphetamine related cases. These investigations have uncovered activities of concern across the state.

The DEA in Arkansas is fortunate to have a DEA Task Force Program in all three of its offices. These state and local officers are deputized as DEA Task Force Officers and have the same authority and jurisdiction as a DEA Special Agent. This program acts as a force multiplier for the DEA and allows participating agencies to participate in major investigations.

The state of Arkansas is a small state, but has outstanding relationships between federal, state, and local law enforcement. This team effort has led to significant investigations as listed below, which allows law enforcement to attack the number one drug threat in Arkansas: Methamphetamine.

In May 2001, the DEA FRO, in conjunction with the Decatur Police Department, the Rogers Police Department, the Siloam Springs Police Department, the Springdale Police Department, the Fayetteville Police Department, the 4th Judicial District Drug Task Force, the Benton County Sheriff's Office, the Washington County Sheriff's Office, the California Bureau

of Narcotics and the Benton County Prosecutor's Office initiated a Priority Target/OCDETF investigation "Operation Treasure Hunt". This investigation focused on a methamphetamine distribution organization that was receiving up to 20 pounds of methamphetamine at a time in Arkansas for distribution. The source of supply for the methamphetamine was from California.

As a result of this investigation, a total of five defendants were arrested and convicted. A total of twelve pounds of methamphetamine, 3.3 pounds of methamphetamine "ice", 27 firearms (including a machine gun), and $120,788 in property and assets were seized. The main target of the investigation, Charles HUDSON, was sentenced in the Western District of Arkansas to 135 months in prison for the offense of Possession with Intent to Distribute Methamphetamine. This investigation lead to the arrest of the source of supply of the methamphetamine, Sergio ARROYO of Delhi, California. ARROYO was sentenced by Chief United States District Judge Jimm Larry Hendren in the Western District of Arkansas to 210 months in prison for the offense of Conspiracy to Distribute Methamphetamine.

In June 2003, the DEA FRO and the Rogers Police Department initiated a Priority Target/OCDETF investigation (Operation: Fist Full of Dollars) into a methamphetamine drug distribution organization in Northwest Arkansas. This investigation led to the federal indictment of four defendants in the Western District of Arkansas on federal drug charges. During the course of this investigation, a total of 20 pounds of methamphetamine was seized, in which 8 pounds of the 20 pounds was methamphetamine "ice". Agents also seized over $56,781 in U.S. currency. This investigation revealed that the source of supply for this methamphetamine was located in Tijuana, Mexico.

In October 2003, the DEA FRO initiated a Priority Target/OCDETF investigation (Operation: West Easy Street) into a drug trafficking organization, which was operating in Benton and Washington counties. To date, this investigation has led to the seizure of 13 pounds of methamphetamine, in which 10 pounds were methamphetamine "ice", and two kilograms of cocaine. A total of 16 defendants have been charged in federal court in the Western District of Arkansas. The DEA, with assistance from state and local agencies executed a total of 12 search warrants in this investigation and conducted several Title III intercepts.

Conclusion

The seriousness of the problems resulting from the methamphetamine threat cannot be overstated. Methamphetamine puts all of us—users and nonusers alike—at risk. The innocence of children, the fortitude of law enforcement, and the pristine state of our ecosystem are not immune to meth's dangers.

The DEA is combating the methamphetamine epidemic on several fronts. Our agency is targeting Mexican trafficking organizations while working closely with state and local law enforcement to eliminate the spread of small toxic labs and alleviate their consequences.

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

Thank you again for the opportunity to testify before the Subcommittee today. I will be happy to answer any questions at the appropriate time.

Mr. SOUDER. As you can see, we have no yellow. You can tell you've worked in Washington a little bit because you had to lose a Southern accent to get that much in, in 5 minutes.

Mr. Cromwell.

STATEMENT OF WILLIAM M. CROMWELL, ACTING U.S. ATTORNEY, WESTERN DISTRICT OF ARKANSAS

Mr. CROMWELL. I'll try to get us back on schedule. Chairman Souder, Congressman Boozman, members of the committee staff, thank you on behalf of the Federal law enforcement presence in the Western District of Arkansas for convening this meeting, for calling, I hope, the public's attention to this problem. And it definitely is a problem. I believe you'll hear from every level of law enforcement, whether it be a police officer on the city beat, the deputy sheriff in the county, Federal law enforcement from DEA or other agencies, that methamphetamine and ice definitely cause a significant hazard for not only life, but economic hazard for the well-being of the United States.

The resources that are required to be spent by all levels of law enforcement combating the problem are significant and could be used in other areas. And I applaud the efforts of the drug courts and other avenues of trying to treat the problem as opposed to incarceration. I think both avenues deserve exploration.

This problem has gone on in our district for a number of years. In August, I will be in my 17th year with the U.S. Attorney's office, and the problem has grown exponentially throughout my tenure there. And it's one that even though resources are being used at every level, we have not yet found the solution. And as Mr. Bryant said, we have two primary sources of production for distribution of that product in our district.

One, are the local cooks who definitely pose a problem, as Mr. Bryant said, not only to those around them but to first responders, too. Law enforcement, indeed post-September 11, have grown together and oftentimes the first responders will be the first at the scene of a fire or explosion, and they're exposed, perhaps not knowingly, to chemicals and other situations which this drug brings with it. In addition to the hazards posed to the children, the first responders and police, of course, we've already talked about the costs in terms of addiction, which you will hear about later on.

I want to emphasize one case in my remarks deals with a case that started on the streets of Decatur, Arkansas, with a traffic stop. And a police officer made a felony arrest for an individual who was in possession of drug paraphernalia. That can be as small as a marijuana bong. But he had information which led to a ring which was producing methamphetamine in California. It was determined through investigation that approximately 100 pounds of methamphetamine and ice had been transported by this one individual from California to the streets of northwest Arkansas.

This was a collaborative effort between the DEA, many law enforcement areas of concern here locally, Benton County, Washington County, but the impact of it was they were working together. They were sharing information. And what went from a very minor State arrest, led to a very large seizure in terms of quantities of methamphetamine, money, weapons, including automatic weapons,

and the arrest of an individual who was connected to a large traffic ring in California. Although that is a significant case in our district, it was not the final case. This is an ongoing fight.

And as Mr. Bryant can attest, we just recently had another case which led to the arrest of 12 individuals who are now in custody who were, again, importing multi-pound quantities of methamphetamine from California to Arkansas, and specifically to northwest Arkansas. And the States that we primarily have to deal with in the importation of the drug, California and Texas, both share one thing in common, and that's the boundary of Mexico. And, obviously, law enforcement of the U.S. variety cannot reach into Mexico, we have to be effective here. And I want emphasize to you that I think the OCDETF program has a significant impact in bringing State and local law enforcement to the Federal table to work together.

Mr. Bryant has a resident agency in Fayetteville, Arkansas, just minutes down the highway from here. But it's staffed in large part by State and local officers who are part of the solution in bringing the manpower that's necessary to fight the problem. And so I would like to emphasize that I think the impact and the benefit of the OCDETF program as it works here in northwest Arkansas.

And as you said, my written remarks are part of the record, and I will save time and be ready for questions. Thank you.

Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Cromwell follows:]

Department of Justice

STATEMENT

OF

WILLIAM M. CROMWELL
ACTING UNITED STATES ATTORNEY
WESTERN DISTRICT OF ARKANSAS

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
AND HUMAN RESOURCES
COMMITTEE ON GOVERNMENT REFORM
UNITED STATES HOUSE OF REPRESENTATIVES

CONCERNING

ICE IN THE OZARKS: THE METHAMPHETAMINE EPIDEMIC IN ARKANSAS

PRESENTED ON

JUNE 28, 2004

STATEMENT OF
WILLIAM M. CROMWELL
ACTING UNITED STATES ATTORNEY
WESTERN DISTRICT OF ARKANSAS

BEFORE THE UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
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"ICE IN THE OZARKS: THE METHAMPHETAMINE EPIDEMIC IN ARKANSAS"

JUNE 28, 2004

BENTONVILLE, ARKANSAS

Chairman Souder and Members of the Subcommittee:

Good morning and thank you for the opportunity to testify before you today. As Acting United States Attorney for the Western District of Arkansas, I have seen, first-hand, the devastating effects of the methamphetamine problem in this area. With my testimony today, I hope to provide you with useful information about the methamphetamine problem in general and also tell you about a particular case that arose in this district that is, in my opinion, symbolic of both the challenges we face and the success we have enjoyed.

The distribution and use of methamphetamine in the Western District of Arkansas have increased by a large extent in the last few years. I believe that every level of law enforcement, whether it be local, county, state, or federal, will tell you that methamphetamine is their number one drug problem. The number of methamphetamine cases prosecuted in the Western District of Arkansas alone has increased four-fold in the last few years.

Methamphetamine, or "meth" as it commonly known, is both produced locally by people called "cooks" and is also shipped here from other states, primarily Texas and California. Meth is a highly addictive and overwhelmingly dangerous drug. Meth can be smoked, snorted, injected or taken orally. It typically appears as a white, bitter tasting powder. Experts have observed that users often get hooked after just one use. Recent studies have shown that meth causes more damage to the brain than alcohol, cocaine, or even heroin. Meth, which also goes by the street names "speed," "chalk," "crank," "crystal," and "ice," is a toxic addictive stimulant that produces hyperactivity, euphoria, and a sense of increased energy. It also increases the heart rate, and raises blood pressure, body temperature, and the rate of breathing. Frequently, it also causes violent behavior in users. High doses or chronic use have been associated with nervousness, irritability, and paranoia. Chronic abuse can cause psychosis similar to schizophrenia and can cause auditory and visual hallucinations. Withdrawal from habitual use can cause severe depression. The "crystal" or "ice" form of meth is especially dangerous and addictive form of the drug. Named for its appearance, which is similar to chunky crystals resembling rock candy, ice is smoked in a manner similar to crack cocaine.

In addition to the dangers associated with meth use, the manufacture or "cooking" of the drug also presents a deadly hazard. Meth is often cooked in clandestine "labs" located in homes or motel rooms which contain not only the toxic and highly combustible ingredients used in cooking the drugs, but also children in many instances. Tragically, many meth labs are discovered only after an explosion and fire has destroyed the operation, often with a human toll.

Throughout the southern United States, including the Western District of Arkansas, the investigation and prosecution of meth cases consume extraordinary amounts of law enforcement

resources. Although the problem seems, at times, to be insurmountable, in this district we have enjoyed some success. I want to share one such example with you today.

Operation Treasure Hunt is an example of how vast quantities of the drug are regularly transported from California to Arkansas.

In May 2001, officer Adam Hulsizer of the Decatur Police Department made a traffic stop and found an individual in possession of drug paraphernalia. The individual agreed to cooperate in order to receive assistance on his charges and told Officer Hulsizer that he knew Charles Hudson of Decatur, Arkansas, was involved in receiving and distributing large quantities of methamphetamine. Officer Hulsizer contacted officers with the Drug Enforcement Administration (DEA) from Fayetteville, Arkansas, who arranged to meet with the cooperator.

As a result of this cooperation, another individual, who was a distributor of methamphetamine for Charles Hudson, was arrested with 3/4 pounds of methamphetamine and $4275 in cash. This individual also agreed to cooperate with law enforcement. As a result of this second individual's cooperation, and with the help of the Benton County Prosecutor's Office, officers eventually obtained a state search warrant for the residence of Charles Hudson in Decatur, Arkansas.

On April 5, 2002, law enforcement officers executed the search warrant on Hudson's residence and seized 3.3 pounds of ice, 10 pounds of powder meth, 27 firearms, including a machine gun, and approximately $18,000 in cash and other assets. As the investigation continued, officers subsequently learned that one James Moore was involved in distributing

methamphetamine for Hudson. On April 11, 2002, officers conducted a consent search of Moore's residence and seized approximately one pound of methamphetamine and a firearm.

Through further investigation, law enforcement officers determined that for approximately two years Sergio Arroyo of Delhi, California, had been supplying large quantities of methamphetamine to Hudson in exchange for money and firearms. DEA officers in Arkansas obtained assistance from the DEA in California and from the California Highway Patrol to conduct an investigation of Arroyo. Officers discovered that Arroyo had previously been arrested for delivering methamphetamine in California and was believed by the California authorities to be involved with a large drug trafficking organization in California. As a result of a coordinated investigation with authorities in California, Arroyo was arrested for conspiracy to distribute methamphetamine. It was estimated by investigators that Arroyo had supplied Hudson with more than 100 pounds of methamphetamine, which was worth in excess of $1,000,000. Officers learned that Arroyo used individuals who are called "mules" to drive the drugs from California to Arkansas and then return to California with cash and guns from Hudson.

Due in large part to the cooperation between all levels of law enforcement, each of the defendants in this case pled guilty to various charges. Arroyo was sentenced to serve 210 months in prison, 5 years supervised release, and a $12,500 fine on a charge of conspiracy to distribute methamphetamine. Hudson was sentenced to serve135 months in prison, 5 years supervised release, and a $17,500 fine on charges of possession with intent to distribute methamphetamine and possession of a machine gun. Moore was sentenced to serve 87 months in prison, 3 years supervised release, and a $5000 fine on charges of possession with intent to distribute methamphetamine.

The officers primarily involved in the investigation of this organization were DEA Task Force Officers, Rick Lane of the Siloam Springs Police Department, and David Jones of the Rogers Police Department. The agencies involved in the investigation and prosecution of this organization included the Drug Enforcement Administration, the Decatur Police Department, the Rogers Police Department, the Siloam Springs Police Department, the Springdale Police Department, the Fayetteville Police Department, the 4th Judicial District Drug Task Force, the Benton County Sheriff's Office, the Washington County Sheriff's Office, the California Bureau of Narcotics, and the Benton County Prosecutor's Office.

This case is a good example of how the combined efforts of local, state, and federal agencies can be effective in stemming the flow of deadly drugs across state lines. This case had a direct and measurable impact on the availability of crystal and powder methamphetamine on the streets of Benton County, Arkansas. The drug quantities being sold by this network were as large for a group of this size as any prosecuted by my office at that time. However, this case does not stake a claim for victory in this important struggle. As recently as this spring, another methamphetamine trafficking ring was taken down by a combined effort that enlisted a Title III wiretap as a part of the investigation. This case was another instance of methamphetamine being shipped in large quantities from California to the Western District of Arkansas.

At the current time, twelve individuals are in custody and are facing federal prosecution.

Again, thank you for the opportunity to appear before you today to discuss this important topic. I would be happy to answer any questions you may have.

Mr. SOUDER. Mr. MacDonald.

STATEMENT OF JAMES MACDONALD, FEDERAL ON SCENE COORDINATOR, REGION 7, U.S. ENVIRONMENTAL PROTECTION AGENCY

Mr. MACDONALD. Good morning. I'm Jim MacDonald. I'm an On-Scene Coordinator with EPA Region 7. Region 7 covers the States of Missouri, Kansas, Nebraska and Iowa. The written testimony submitted is more of a national perspective on the EPA activities in general, but I would like to just talk a little bit about EPA Region 7 activities that we've done here in the midwest.

In the mid 1990's, we started getting quite a lot of calls from people in different situations associated with methamphetamine. They would start to say, "My child was crossing this neighborhood resident's yard, and we've noticed them dumping some chemicals. I think it's a drug bust happened. Could you tell me if it's safe for my kids to cross this yard?" Or, "I just rented an apartment, said there was a drug bust occurred here previously. Is it safe for my children to live in this particular residence?" we started getting enough of these that we started to get more involved in this situation.

Methamphetamine is different from the other drugs in that it involves chemicals and labs. The other chemicals in terms of the drug situation, we have not been involved. But methamphetamine pulled us in because of the chemicals.

In the late 1990's, we started a work group with our counterparts in the States. Our counterparts in Missouri, just like the Department of Natural Resources, the Iowa Department of Natural Resources, Nebraska Department of Environmental Quality, and the Kansas Department of Health and Environment. We started a work group with our Missouri Department of Natural Resources on the methamphetamine situation to see what our involvement should be, what their involvement should be. And both DEA was a part of this and the highway patrol. And we started looking at ways that we could be actively involved.

To the EPA, that became quite evident that training needed to be done for first responders. Not just the fire departments that we'd normally been involved with, but for law enforcement, because their entrance into these labs for a person with protective equipment. We also realized that we needed to get some samples from residuals of these drug busts, so we did a grant to the Missouri Department of Health, and we went out and sampled over 70 different residences that had drug busts, some immediately after drug busts, some days after, some weeks after, months after. Homes, trailers, apartments, all sorts of places that these drug busts had occurred for methamphetamine.

We submitted all this data. These were wipe samples, air samples from sewer cannisters, built-in pumps, soil samples, water samples, to the Missouri Department of Health, tried to develop some standards that we might go for clean up. Typically, EPA works with our risk assessment folks, our health folks, to get these standards for us to do our clean up. For instance, the dioxin clean ups, one part per billion lead and mercury, all have standards developed by the health folks that we can go in and get clean ups.

We submitted these analysis to the Missouri Department of Health, and they came up with a booklet Cleaning Up Former Meth Lab Guidelines. We couldn't find anything specifically. You know, which chemicals? These are household chemicals, as was stated previously, that you can go out and buy at different stores. You might have some industrial ammonia, but most of them you can purchase yourself readily.

So Missouri developed the guidelines, Kansas Department of Health used that and developed some guidelines also for clean up. There's still no national standards for clean up of meth, but we're still looking and still possibly doing some more sampling in terms of these residuals.

On the training issues, EPA and Region 7 has always been has doing its HAZWOPER training, 40 hours HAZWOPER, based on the OSHA 1910,120. So anybody involved in emergency situations, hazardous materials needs to take this 40-hour training. We tailored it to law enforcement to bring law enforcement with the ability now to use first protective equipment. We also developed a 16-hour HAZCAT, hazard categorization, for methamphetamine so that the fire departments and other folks would be more aware of what chemicals associated with the meth labs.

In Missouri they decided to develop collection stations scattered around the State of Missouri where the law enforcement could bring the chemicals to the collection station, which was usually fire departments, would do a waste minimization and neutralize, clean, whatever, and then reduce the amount of waste necessary for disposal. So in training those folks in terms of how to do this.

The third thing we were involved with was a $2 million grant that is facilitated by Senator Bond that went through our WICKER program which I am the project officer for, was given to the State of Missouri. For 5 years, approximately 400,000 per year to help not only with collection stations but equipment, and salaries associated with that.

As I stated we have submitted the written testimony, but I'll be glad to answer any questions that you have.

[The prepared statement of Mr. MacDonald follows:]

TESTIMONY OF
JAMES MACDONALD
FEDERAL ON-SCENE COORDINATOR
U.S. ENVIRONMENTAL PROTECTION AGENCY
BEFORE THE SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY AND HUMAN RESOURCES
COMMITTEE ON GOVERNMENT REFORM
UNITED STATES HOUSE OF REPRESENTATIVES

June 28, 2004

Mr. Chairman and members of the Subcommittee, my name is Jim Mac Donald. I am an On Scene Coordinator in EPA's Region 7 and have personal experience in responding to human health and environmental threats posed by methamphetamine production. Thank you for inviting an EPA representative to appear today to discuss the Agency's efforts regarding cleanup issues associated with methamphetamine production. My testimony will describe in general EPA's emergency response program, and EPA's experience with methamphetamine labs, as well as EPA's criminal enforcement role.

Emergency Response

Each year, more than 20,000 emergencies involving the release, or threatened release, of oil and hazardous substances are reported in the United States, potentially affecting both large and small communities and the surrounding natural environment. Reports in the local news often report the timely, effective response of local firefighters and other emergency officials. Behind the scenes, however, an integrated National Response System (NRS) involving federal, state, and local officials is at work supporting the men and women on the front lines.

The U.S. Environmental Protection Agency plays a leadership role in this national system, chairing the National Response Team and directing its own Emergency Response Program. It's goal is the protection of the public and the environment from immediate threats posed by emergencies involving hazardous substances and oil. The program's primary objectives are to take reasonable steps to prevent such emergencies; to prepare emergency response personnel at the federal, state, and local levels for such emergencies; and to respond quickly and decisively to such emergencies wherever and whenever they occur within our national borders.

The Emergency Response Program is a coordinated effort among EPA organizations and its 10 Superfund Regions. The EPA Headquarters component includes:

- The Office of Emergency Prevention, Preparedness, and Response which has primary responsibility for preparing and planning for chemical emergencies through a network of state and local emergency planning organizations, and provides oversight of EPA International emergency response support and assistance and coordination of National Security response issues and key Agency and interagency leadership roles as part of the

NRS and the Federal Response Plan (FRP). The Office also manages implementation of domestic emergency response including the two major components of the National Response System program, the Superfund Removal Program (Hazardous Substances), and the Oil Program, as well as disaster response under the Stafford Act through the Federal Response Plan (FRP).

The Office derives its authority from laws and regulations passed by Congress to specifically address the country's ability to reduce or eliminate the threats to human life and the environment posed by the handling, storage, and use of hazardous substances and oil. EPA gets its primary authority for responding to hazardous substance releases from the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), which is better known as the Superfund law. The Superfund law defines as a CERCLA hazardous substance more than 800 substances, pollutants, and contaminants that threaten human health and the environment, and directs EPA to respond to their uncontrolled release, or the threat of such release.

Methamphetamine Labs - EPA Role

Local responders often take the lead role in the National Response System. As firefighters and local police are usually the first responders at the scene of an incident, they are the first to assess the situation, identify the hazards, and take emergency measures, such as fighting a fire, identifying potential hazards, securing the area, or re-routing traffic.

The identification and cleanup of the vast majority of methamphetamine labs is done by local and state governments. EPA typically responds in a small percentage of instances when local or state resources cannot address the problem. The human health and environmental threat posed by a methamphetamine lab seldom rises to the level that would trigger response under the Superfund law. In addition to EPA cleanup response, the Agency provides training for thousands of state and local responders each year. EPA offers a wide range of technical and management courses designed to aid responders in identifying and implementing appropriate actions to eliminate the threats from hazardous substances.

To help local governments cover the costs of their response activities, EPA has a program that can offer financial support. Local governments can get help paying for emergency response actions through EPA's Local Governments Reimbursement program. The Local Governments Reimbursement Program provides federal funds to local governments for costs related to temporary emergency measures conducted in response to releases or threatened releases of hazardous substances, including the cleanup of methamphetamine labs. The program serves as a "safety net" to provide supplemental funding to local governments that do not have funds available to pay for these response actions. Eligible local governments may submit applications to EPA for reimbursement of up to $25,000 per incident. To date, EPA has provided local governments more than $3 million dollars through this program

EPA Criminal Enforcement Program

EPA's Criminal Enforcement Program investigates the most significant violators of environmental laws that pose a significant threat to human health and the environment; and to provide state-of-the-art training to our employees and our partners in international, federal, tribal, state, local law enforcement, regulatory and intelligence agencies. EPA's Office of Criminal Enforcement, Forensics and Training administers this program through its Criminal Investigation Division.

EPA has Criminal Investigation offices located in 15 Area Offices and 29 Resident Offices throughout the country. EPA participates nationwide in a multitude of environmental crime task forces. Our partners in these task forces consist of other federal law enforcement agencies, Offices of the U.S. Attorney, as well as state and local law enforcement and regulatory agencies. EPA works with many of these partners in their efforts to arrest and prosecute producers of methamphetamine who not only violate state and federal narcotics laws but also federal hazardous waste laws.

Conclusion

While the response to methamphetamine labs is led principally by local and state efforts, EPA's Superfund response program has completed cleanups in instances where local and state resources cannot address the problem. EPA also provides training for local and state responders and provides funding assistance to local governments to reimburse them for cleanup costs. In addition, EPA's Criminal Enforcement Program works with local, state, and other federal law enforcement agencies to investigate and prosecute criminals involved in the production of methamphetamine. EPA will continue to help local, state and other federal agencies address the problems associated with methamphetamine production.

Mr. SOUDER. I thank you each for your testimony. Let me first see if I can get a little bit more specific about Arkansas and where the different types are. We were handling questions before the hearing started describing what we saw in other areas, and I want to see if this is true for Arkansas. And, Mr. Bryant, maybe you can kind of do an overview.

Would you say that the 70/30 Mexican drug trafficking versus small lab holds here in Arkansas, or is the percentage coming from small labs a little higher?

Mr. BRYANT. I would say it's comparatively the same, yes, sir.

Mr. SOUDER. And then would the pattern of where the Mexican drug trafficking organizations distribute be different? In other words, is meth in Little Rock?

Mr. BRYANT. Yes, sir.

Mr. SOUDER. More like 90 percent from the Mexican drug trafficking organizations than in Fayetteville, versus, say, the northern regions or the more mountainous regions or more rural regions.

Mr. BRYANT. I think right now, Congressman Souder, that northwest Arkansas, most of our investigations are on the Mexican drug trafficking organizations as compared to Little Rock. So we have a larger population that we work on up here in northwest Arkansas as far as Mexican drug trafficking organizations. All our significant investigations have been focused mostly in Benton and Washington County. Where in Little Rock what you also see is we'll have regular methamphetamine distributors, the white males, or whatever, their source will be in California, and they'll travel out to California to hook up with a source and supply in California, the Mexican drug trafficking organizations, and then transport the meth back to Little Rock.

But what we see here in this section of Arkansas is most of our significant cases have been against Hispanics involved in these Mexican drug trafficking organizations that live in this area.

Mr. SOUDER. Are both aspects of the meth problems, both the Mexican drug organizations and the smaller labs, concentrated in northwest Arkansas as opposed to the rest of the State?

Mr. BRYANT. No, sir. Unfortunately, northwest Arkansas does have its fair share of the small toxic labs. We also have a tremendous amount in, say, for example, Little Rock. Little Rock Police Department actually had its own clandestine lab group to address the issues. And I think most of our lab seizures, small toxic labs are seized in like the Pulaski County, Saline County area surrounding Little Rock. Southern Arkansas, we do have some small pocket labs, but I would say for like Little Rock all the way north between to like Jonesboro and other parts of the northeast part of the State we also have a tremendous small toxic lab problem.

Mr. SOUDER. From your perspective, what would be the difference in the northern part of Arkansas, Missouri area from southern Arkansas and into Louisiana?

Mr. BRYANT. What we are seeing, we're seeing a trend coming down south. You're starting to see Louisiana and Mississippi and Tennessee develop their own meth problems which are a little bit below ours but continue to rise. When we first saw this meth problems—I've been stationed in Arkansas from 1991 to 1999, saw it slowly start in Missouri, eased its way down to northern Arkansas,

and since that time period, it's slowly moved throughout the State. It's just been more time period up in the northern part of the State where they're used to manufacturing meth.

Mr. SOUDER. We were in New Orleans just a few weeks ago, and their DEA says it was coming into New Orleans, and also that the HIDTA had always been located in the southern parts of trafficking regions, but they were seeing a fair amount going through Louisiana in the northern part. I'm not sure what interstate that is that it was going through, and that it'd stop off.

Mr. BRYANT. I think it's Interstate 20 and Interstate 10 also.

Mr. SOUDER. And it'd come back. And they thought the center was in Atlanta bouncing back to the south. Do you see any of that in Arkansas and Louisiana and Mississippi or southern Arkansas, bounce back from Atlanta?

Mr. BRYANT. What we're seeing a lot of in the State of Arkansas, we're a relatively small State, and we have three major interstate systems. We have Interstate 40, we have Interstate I–30 coming out of Texas, and we also have Interstate 55 which runs off I–40 near Memphis up through the State of Arkansas to Illinois. So a lot of the State police do these highway interdiction stops, and we're seeing a lot of loads where the people cooperate, and we'll do a controlled delivery. We're taking a lot to Atlanta, we're taking a lot to Chicago, and we're taking a lot to North Carolina is where a majority of these loads seem to be going. A large load of methamphetamine from 15 to 25 pounds of methamphetamine.

Mr. SOUDER. Now, you had in your written testimony that one of your big busts came out of Tijuana. Has that been a pattern over on the west side with these super labs in the Mexican west side in the California, or are you seeing any out of McAllen and down across from Corpus?

Mr. BRYANT. The majority of our cases have come from California and also just across the border in Mexico in Tijuana. A lot of them are sources of supplies that we see are Hispanic from Mexico residing in California.

Mr. SOUDER. Why doesn't it come up from the southeast Texas portion? Why way over a couple of thousand miles west?

Mr. BRYANT. It just seems like maybe the influx of the Hispanic population we have here in northwest Arkansas, may be relatives or friends from that area of the country is the only thing I can explain.

Mr. SOUDER. In Indiana, we were trying to figure out, and apparently DEA is working on a case from a particular family because we're seeing Yakima and the Tri-Cities areas of Washington State, Indiana, and Winette, Georgia, and then learned that there was a migrant pattern of I think it was tomatoes actually, that was working through that zone because it made no sense that we were getting things from Yakima, coming from Tijuana to Yakima and across because they were adding double the mileage route. Is DEA looking more directly? I know Ms. Tandy has said, "Let's get to the bottom of the organization." I'm trying to figure out the trucking routes and stuff they have, because, clearly, it's not a logical "What's the closest point?" There's got to be some other kind of networking trafficking pattern of that.

Mr. BRYANT. Well, Arkansas is a State has a lot of farms, migrant worker situations over the State, but the seizure we're making are vehicles equipped with hidden traps where they've put it in gas tanks or they have hydraulic hidden compartments. And the organizations are using those to transport the methamphetamine from California to Arkansas. We're not charting any, like, 18-wheelers with cover loads of lettuce and tomatoes. What we're seeing a majority of are regular type passenger vehicles within hidden compartments.

Mr. SOUDER. Congressman Boozman.

Mr. BOOZMAN. As you've alluded to, we have all these interstates,I–30, I–40, I–55, 71, the north and the south. And yet—I've got to use this. I carried it all the way from Washington. But when you look at the map, as far as the high intensity drug trafficking areas, the resources are lacking, and I'll show the chairman in a second—literally from the west, Fort Smith, through almost half of Tennessee, there are no resources. There are no resources north and south.

Again, we probably have as much truck traffic, because we've got so many trucking firms in the region, which, again, this is associated with truck traffick. It just seems like we should have some resources concentrated someplace in that area. I've heard reports from some of my sheriffs that they're so busy dealing with their own problems, the fact that they're understaffed and under resourced just dealing with the problems in the county, that they really have no interest in trying to help with anything passing through there.

Can you comment on those kind of things.

Mr. BRYANT. Yes, sir. I'm glad you brought it you up. We do have a working group now of chiefs and sheriffs in the State that, as you know, in 2002, Arkansas tried to get a HIDTA here in Arkansas itself. Unfortunately, no new funding was available, and what we've done now is we have a working group here in Benton and Washington County composed of chiefs and sheriffs and also down in Pulaski County and near Jefferson County in the Little Rock area, but they've formed a working group to form a HIDTA commission to join another existing HIDTA so we can get some of those resources.

As we talked when I briefed you on the methamphetamine situation, we're coming to Members of Congress here in the State of Arkansas for your support, or we can join possibly an existing HIDTA, maybe the Gulf Coast HIDTA down in New Orleans to be able to get some of the funding to be able to address these Mexican drug trafficking organizations in Arkansas.

Mr. BOOZMAN. Is it possible that we are under reporting this type of activity as we are the meth labs in the sense, again, that we're putting so few resources—I know that you-all are doing a tremendous job, but the local folks are putting so few resources that they really—again, because of their funding problems, just don't want to deal with it.

Mr. BRYANT. It's very difficult funding a difficult problem here in the State of Arkansas. I know the State police are like a hundred troopers down themself. What we try to do is, Arkansas has no State wire tap law, so if any Title 3 intercepts take place, it's going

to be up to the DEA to do that. It's a very effective tool to attack these Mexican trafficking organizations, and we work closely with Mr. Cromwell's office to be able to do that, but the sheriffs and local police do not have the resources or funding available, even if they had the law to be able to pursue this Title 3 capability.

Mr. BOOZMAN. Mr. Cromwell, also, Missouri, I believe, has a law, a reporting law, as far as when they seize a lab, that by State law they have to report it. Do we need to change anything in Arkansas? I know both of you are working very hard to try and get the labs that our cities and such reported. Do we need to do anything different legislatively at the State level or the Federal level?

Mr. BRYANT. Just so you know, DEA has kind of established a new program for us to better track this. I've assigned personnel to contact these State and local agencies when they do seize a clandestine laboratory for them to complete the EPIC form 143, send it to us. That way, we make the checks and balances to see that it is done, and then we forward those on to EPIC.

Next week, we are going to meet with Mr. Rutledge in his office, and the ACIC, maybe we can start doing this electronically by computer with a current system called the Justice Exchange Computer System here in Arkansas. But a lot of sheriffs office use them, so we want to see if we can connect that with EPIC to be able to do this electronically to make sure we're capturing all this data.

Mr. CROMWELL. I know the DEA does an excellent job in tracking their statistics, and I feel very confident that they're gathering all the information and data that you can put into the system. As far as whether there needs to be a State law fixed at that level, I would defer that to somebody close to that level.

Mr. BOOZMAN. Very good. Thank you-all so much.

Mr. SOUDER. Mr. Bryant, we're going to be meeting, I think, in the morning over in El Paso, and we've had this constant discussion about the reporting. Is it your stance that almost every State is underreporting?

Mr. BRYANT. Yes, sir. As you know, it's up to the local and State agencies to do it themselves. It's not DEA's responsibility, but in this State we work very close with our State and local counterparts. But we've got to think of a better system to gather this information. Because right now there's no check and balance system for us to make sure that all the States are reporting this.

Mr. SOUDER. Let me ask a question of Mr. Cromwell. One of the challenges we have, and I know this has been true in Indiana, as we put the DEA in, is that many State laws either you can't extend to Arkansas that's not a wire tap law that the State uses, or increasingly we're federalizing some of the cases. Are you Federalizing cases that if they have similar laws in the State that they could utilize, you wouldn't Federalize.

Mr. CROMWELL. No, sir. The investigative technique of the Title 3 relief is the only instance in which I would see a case being brought to our office that wouldn't normally fit our guidelines. And, normally, we're looking at quantity and multi-state connections and money laundering aspects, and as a result, I feel the State drug laws are very adequate to prosecute individuals. And we have an excellent, excellent relationship, I believe, with our State counterparts in working with them if they believe a case has connec-

tions outside their jurisdiction. They're very good to bring those cases to us so we can allow the DEA to work across State lines. But I think our State drug enforcement laws are very adequate.

Mr. SOUDER. Do you see any growth in the Federal court pressure on meth.

Mr. CROMWELL. Absolutely. Yes, sir.

Mr. SOUDER. What are your staffing situations?

Mr. CROMWELL. Our most recent additions to staff were for gun initiative projects, safe neighborhoods, and for an anti-terrorism slot. And those both were filled 2 years ago. So as far as even though the methamphetamine problem has grown, manpower has not gone along with it.

Mr. SOUDER. So do you have more of a backlog or do you not take certain cases? How are you dealing with that?

Mr. CROMWELL. No, sir we have not raised our guidelines on the quality of cases we're taking. I'm just having more assistants who do other types of criminal work being assigned to drug cases.

Mr. SOUDER. Let me ask, Mr. MacDonald, are you primarily working right now in Missouri, or you're working the whole region? But where you have the most experience is in Missouri?

Mr. MACDONALD. Yes. That's true.

Mr. SOUDER. Is Arkansas moving similar in guidelines that you've mentioned for clean up with Kansas and Missouri?

Mr. MACDONALD. I really don't know.

Mr. SOUDER. OK. We'll ask that question later. When you look from an EPA standpoint, have you seen any where you have these concentrated areas of labs in northwest Arkansas, southern Missouri, places in Kansas, have you seen this impact water quality? I mean, is it more a very localized "I'm worried about the house I'm in," "I'm worried about the yard". Have you seen any dangers hitting aquifers yet?

Mr. MACDONALD. No, we have not. Most of the ones we deal with are the smaller labs. And, yes, there has been some dumping, and we've sampled, we've tracked it, and there's some, of course, biodegradation going on. We haven't seen any significant impacts, you know, overall to the environment. There are concerns about any residuals inside the houses, and that seems to be the primary concern for the child endangerment issues. But right now, they're following the guidelines with the States with the cleaning process, removing porous materials, filters and things like that. That should take care of the problem. Again, we're dealing with the smaller labs, not like in California that we're dealing with the large labs.

Mr. SOUDER. So, if we give adequate funding to clean up and stay on top of the labs, are we making people more aware? I'm used to being down in Columbia, and you can see flying overhead, the Amazon basin, you can see the chemicals going into the river from all the cocaine labs and that type of thing. So even in the fairly intense small lab zone, as long as we tackle them individually and implement the right procedures, it's not pouring into any of the sink river basins or anything.

Mr. MACDONALD. We're not seeing that. We've been working with the forest services, too, as they're picking up some labs there, and we're trying to track those. But we have not seen any what I would consider major environmental problems from this. Again,

we're dealing with what we consider household chemicalsused improperly, stored improperly, disposedimproperly. But, again, you know, small cases.

Mr. SOUDER. There's a little bit of this in California, but even in California with the super labs, they aren't concentrated together like what we see in Columbia where there's much of a danger.

And I want to say one thing for the record that when we're trying to figure out how we allocate funds and move through, one of Congressman Boozman's challenges as he argues for Arkansas is every place has different kinds of drug problems, and it's a big battle and the matter of limited budgets trying to figure out how to do it.

For example, in El Paso, we did their hearing there, the local doesn't even pick up anybody, hold anybody if they have under 200 pounds of marijuana, and DEA testified 500 pounds. We are so overwhelmed along the southwest border that unless we can seal off to a better degree the southwest border from the crisis of terrorism, the rest of the country is extremely vulnerable. And the amounts and the quantities we're dealing with down there, at each stop off point along the Interstate, they're dumping more out. And so the degree we can get the bigger whole semi-loads down at the border, and then often they'll come to a regional distribution center, like Atlanta, and it will bounce back into the Gulf Coast HIDTA.

So even in our HIDTA's, we're trying to figure out, OK—which is the what part we're dealing with with the legislative bill, is even if you have a HIDRA, most of the HIDTA's dollars should go to the southwest border where the things are biggest, and then the next group of HIDTA's, and then the question comes is where are the next HIDTA's? So one possibility would either be to hook up with the plainstates HIDTA or the Gulf Coast HIDTA. They don't get as much money as the others, but it gets you into the sharing networks of information networks of what are similar trafficking patterns. Are you a pass-through State, are you a central distribution point, like Atlanta, which then—it's still extraordinary to me, the test ones that we've got, that they go to Atlanta, then they come back almost all the way, but, hey, that's the way trucking companies work, that's the way distribution centers work, it makes sense that the larger drug trafficking organizations work that way, too.

Do you have any further questions.

Mr. BOOZMAN. No. I just want to thank you-all again for your efforts. I've gotten to work with Mr. Bryant and Mr. Cromwell some, and they're doing a tremendous job in the interim capacity, and I really do appreciate that. And I have not gotten to work with Mr. MacDonald as much, but, again, I know all of you-all are really fighting a battle.

One of the frustrations I see, as far as what Mr. Souder was alluding to was that it seems like with drugs, you do a good job, and you chase it off to a surrounding State or surrounding county or whatever. And something I would like to see, perhaps at some time, is maybe some sort of a drug task force that, you know, if you have the high intensity drug plan set up, they do a good job. They shut it off there.

Meth's a little different than some of these other drugs, because it's not like it's coming from Columbia or necessarily from Mexico, it's something that could be made anyplace. And so as a result of that, what I would like to see, is perhaps some sort of a situation where we have a mobile task force that, you know, went to an area chased it out of there and then maybe followed it as it went to another area.

But I do appreciate you-all, and appreciate your efforts.

Mr. CROMWELL. Thank you.

Mr. SOUDER. One of the things we're trying in Congress is Ose has a bill, and what's happening in the appropriation process, because there isn't a systematic way to deal with meth, individual members have been getting in about task forces and things, like in Missouri, and we've got to figure out how to coordinate this so that they can get interrelated, and that there's a separate way to deal with meth by Congress. I have a few followup questions I needed to ask. One for Mr. MacDonald on the EPA.

Do you know, has EPA ever taken legal action against a land owner or a landlord for damage.

Mr. MACDONALD. No, sir, not that I know of. We've been called in to do some sentencing enhancements dealing with the Clean Water Act and RCRA. On two occasions I've involved with that. You know, they kind of fit in with guns and child endangerment and then the environmental enhancements.

Mr. SOUDER. In Missouri, those cases?

Mr. MACDONALD. One was in Iowa and one was in Kansas.

Mr. SOUDER. Can you get us some information on that for the record?

Mr. MACDONALD. Sure.

Mr. SOUDER. Also, the guidelines to Missouri where you said Kansas was based off Missouri? If we can insert that into the record since you referred to that, it would be helpful.

Mr. MACDONALD. Yes, sir.

Mr. SOUDER. In the enhancements, were those against land owners or were those against the actual cookers?

Mr. MACDONALD. Against the cookers.

Mr. SOUDER. OK. And we talked a little bit about this, and we'll followup this more on the precursor restrictions on the regulations. Oklahoma has the toughest law in the country, and I wondered if Mr. Bryant and maybe Mr. Cromwell could discuss a little bit that Oklahoma law and what impact that's had on Arkansas and whether you think that's the way we ought to be looking at controlling pseudoephedrine.

Mr. BRYANT. As far as the Oklahoma State law, I can give you a thumbnail sketch of my knowledge of it. But, basically, it requires to make pseudoephedrine a Schedule 5 controlled substance. It's required to be sold in a pharmacy, a person has to present a driver's license and sign a written log, or the store has to keep receipts that they've sold that pseudoephedrine. They let them sell gel caps without a restriction.

Basically, from the news reports I've seen out of Oklahoma, the first month it was enacted, it was like a 29 percent reduction in the lab seizures in the State of Oklahoma. What we're seeing DEA intelligence and from our sources is that we're having a lot of the

methamphetamine laboratory operators, they're coming over to Arkansas to get their pseudo because it's a less stringent law. So we definitely need to look at that situation.

I briefed some State legislators here in Arkansas, but we really need something nationwide to address this issue. Because if we don't do it nationwide, what you're going to find is the traffic's going to go to the bordering States who do not have the laws to secure their pseudoephedrine.

Mr. SOUDER. I believe we have an individual testifying later, and one of the things he said, my understanding, is that he said that people even go up to Chicago to get it. In other words, if you don't have some kind of a Federal law.

Well, there is another thing that's in his written testimony that I wanted to ask you about. He says that sometimes, particularly for the larger even home-type labs there's a witness—not witness—well, it's kind of a witness intimidation. In other words, these labs come into the area, as they get larger, it describes people in the trees as guards and stuff, and the neighborhood people leave because they're afraid to report. They're intimidated in the neighborhoods.

Have you seen much of that and do you do anything? One of the things in our new ONDCP bill, Congressman Cummings is the ranking member of the subcommittee, the senior Democrat, put in a thing because there's a family there whose house was torched, the Dossen family. The mother and all the kids were burned to death. Do you see much witness intimidation here? Is it a growing problem? And are there any programs to help protect people?

Mr. BRYANT. What we've seen here, Congressman Souder, is we have seen some type of witness intimidation. Most of these meth abusers, they use it, they stay up for 2 or 3 days at a time and get very little sleep. They're very paranoid. They see policemen behind every tree or every car that they see, they think it's a policeman following them. Almost all the labs we did have firearms. We've done several murder cases, contract hire to kill in Arkansas on methamphetamine violators. We also filed some RICOs on some laboratory operators. They can file witness intimidation charges on them.

Part of the meth business is the violence. Like I said before, they're very paranoid, they're all armed, and they use violence as a necessary technique. And also employ counter-surveillance techniques as, you know, they put security cameras on the property, on the roadways. Especially in the rural area, if their house is set way back where the lab is, they'll have a camera on the gate so they can see law enforcement coming, you know, half a mile before they ever get to the house and make entry. So we are seeing that in the State.

Mr. SOUDER. On the murder for hire active cases, can you talk about it for a second?

Mr. BRYANT. One, I believe, was over in Searcy in White County. They killed a young lady. We prosecuted them. I believe we never did get the body, but we were able to prosecute them for the capital murder conviction on that. They killed her because they thought she was going to testify.

We also had another case in the Pope County area, was a murder for hire where they killed a witness in front of his two children. Shot him in the head with a deer rifle the day before he was supposed to testify. We were able to clear that several years later and then prosecute that gentleman.

Mr. SOUDER. Can you provide us a little bit more on those cases, particularly when they're federally related? We have an obligation—there's no way we're going to get people to cooperate with us if they think they're in that much danger. Could you describe the RICOcase, how your RICO case.

Mr. BRYANT. This gentleman in White County, and you're going to have a witness later today, J.R. Howard, and he was one of the case agents on this case.

Mr. SOUDER. OK. We'll follow with him.

Mr. BRYANT. And he can give you all the details because he was one of the investigating officers on that.

Mr. SOUDER. OK. Congressman.

Mr. BOOZMAN. Very quickly, I see that we've got some of our distinguished judges here. Mr. Cromwell, you mentioned the problem of not having enough personnel. How about as far as you know—I know that you-all have that problem. What about as far as our judges? This is your chance to——

Mr. CROMWELL. Shine.

Mr. BOOZMAN [continuing]. Shine.

Mr. CROMWELL. Or fail.

Mr. BOOZMAN. I just know you're back there taking notes.

Mr. CROMWELL. I believe that the statistics in the Western District of Arkansas definitely justify additional judicial resources as well as our Department of Justice resources in this district. I know that last year we were far in excess of any year we worked previously, and this year we're ahead of that already. So I believe both at the Federal bench and from the Federal prosecution standpoint, we could use additional resources.

Mr. BOOZMAN. Thank you.

Mr. CROMWELL. If I might add one thing. I wholly endorse a Federal law, just as Mr. Bryant said, addressing access to pseudoephedrine, but I think one of the things that needs to be addressed, too, is that Canada is a large source both by trucking and on-line orders of ephedra. And that needs to be addressed between the two countries.

Mr. SOUDER. Just so you know, because I agree with you, and if you have any further specifics you want to add to that, at the Detroit border, we're getting more cooperation at the border, and they have some new laws, and they took down a load of pseudoephedrine. It was equivalent of 40 percent of what had previously ever been seen. This has been in the last, like, 60 days, something like that. Which is just incredible, because if you take 40 percent in one load of what we had seen in the U.S. total in pseudoephedrine gives you an idea of the quantity of this stuff pours in.

Annually we have the U.S./Canada problem interest exchange, and I'm the drug point person, so I was Mr. Unpleasant raising the pharmaceutical question, which is getting very caught up in prescription drug questions. Bottom line is, either we have an FDA

and we have drug laws or we don't have drug laws. And given the way we're headed right now, which looks like a relaxation of pharmacy laws with Canada, we're going to have a big problem here. Because politically it's becoming very difficult to sustain a differential price structure because in America we're a little tighter on pharmaceuticals.

We may get a compromise that says if they go through an FDA type approval, then they can go through the pharmacies, but as DEA will testify, and as you certainly know in prosecution, nothing is tougher than the Internet. And I am very worried about where this is headed with Canada unless they'll tighten up with Antwerp and Belgium. And their argument is they've tightened some, and at our last Washington hearing, DEA has not been able to identify where, if indeed we have made progress at the Canadian border, Belgium and Holland have not reduced the production; therefore, where is it coming in? And we're wondering whether it's Bahamas or somewhere south, maybe even New Orleans.

Somewhere, if you seal off one border, they're going to push. And so we're pushing the Canadians, but this a strike at a perimeter. But we're going to have to watch our south as well, where we have less actually control of our border than the north.

I thank you all for your testimony. Puts the full testimony in the record.

And if the next panel could come forward, Mr. Keith Rutledge, State drug director of the Office of the Governor of Arkansas; the Honorable David Hudson, a Sebastian County judge; Mr. J.R. Howard, executive director of the Arkansas State Crime Lab; Miss Shirley Louie, who's the environmental epidemiology supervisor, Arkansas Department of Health; Sheriff Danny Hickman, Boone County Sheriff's Office; Mr. David Gibbons, prosecuting attorney for the 5th Judicial District.

As soon as you-all get seated, we'll have you stand and take the oath.

[Witnesses sworn.]

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

Thank you-all for participating this morning, and we'll start with Mr. Rutledge.

STATEMENT OF KEITH RUTLEDGE, STATE DRUG DIRECTOR, OFFICE OF THE GOVERNOR OF ARKANSAS

Mr. RUTLEDGE. Mr. Chairman Souder and Congressman Boozman and the staff, on behalf of the Governor and the people of the State of Arkansas, I want to tell you how much we appreciate your being here and inviting us to participate.

My name is Keith Rutledge, and I'm the State drug director for the State of Arkansas and work out of the office of the Governor. And I'm also in that role the chairman of the Arkansas Alcohol and Drug Abuse Coordinating Council, which is a body of 25 people, State agencies and private people who deal with education, planning, prevention, law enforcement, the entire spectrum of the drug and alcohol problems in the State of Arkansas.

First off, I have submitted my written testimony previously, and so you have that. And I want to briefly go through that with some

high points that I think are important from the standpoint of the State of Arkansas, and as it relates to what's already been testified to.

As I see it from the State Drug Director's position, we have two problems with methamphetamine. One is the major super labs and the trafficking problem that comes in from the Mexicans and the California connection, but the 1,200 or so labs that we're talking about are all home grown. That's all local stuff. And that's the ones that really are concerning our local sheriffs and our police and our multi-jurisdictional drug task forces, which also come within my purview.

And I had noticed by looking at the data and the treatment people, you'll hear more from those people shortly, but in the past 10 years or so, there's been 1,100 percent increase in the number of methamphetamine admissions to those public facilities for treatment, which makes it No. 1 in the State of Arkansas, outside of alcohol treatment. It passed crack cocaine, and all these other things. And 97 percent of those people are Caucasians, which means that this is a real cultural drug.

But what really concerns me here, last summer when I took this job and previously I'd been a prosecutor and a circuit judge, and knew that, you know, that this was a problem in domestic violence and other crimes, and we've had all this tremendous increase in the number of people in the Arkansas penitentiary. But the first person that called me—or one of the first people that called me after I took this job on July the 1st last year was the head of the Federal Government's rural housing—I forget what they call it. They used to call it Farmer's Home Administration. We've got a new name for it. But, anyway, he'd known me for a long time, and he came to me, and he said, "Keith, we got a potential problem with our office and the HUD office in that we get back a lot of properties that are"—where they've had loans on them, and they were concerned about the liability where the meth has been manufactured in those homes. That's something I hadn't thought about. But I know that both HUD and the rural development people are really concerned about that.

And so I got to looking at that, and I thought, well, you know, that is a new aspect of this that I hadn't thought about. And then I got to looking at the other aspects that I saw as a circuit judge, and one of those was the domestic violence thing that we really are seeing. And, also, the children in the homes where meth is being manufactured, we don't have a real good tracking system, and I noticed that ONDCP has some estimates on those kind of things, but I have talked to the juvenile judges across the State about that particular problem, because those children end up in their courts a lot of times, having to take them, and this is a real significant problem. Also, the environmental damage, you know.

And so I look at all these things, and my job is broad based in that sense. What I would like to do is recommend to this body, and, Congressman Boozman, this is something that I think you alluded to a while ago, but I would like—and I've got some recommendations in my prepared statement, and as Mr. Bryant said, we're going to meet with DEA and ACIC on trying to figure out a better way to get the EPIC forms in. But also the one thing that I have

looked at, and as a recommendation, is trying to come up with a system in the State of Arkansas, and it may need some Federal funding, where we can approach this as an epidemic.

In other words, the word is right; it is an epidemic. Where we could go in, for instance, at the State level and assist these local prosecutors and law enforcement and treatment people and prevention people and bring in some assets. In Mr. Gibbons district down there and bring in for 60, 90 days and say, just swarm that place with law enforcement and others, treatment people, prevention people, and try to move those people out of that area and then go on to the next one, leaving a long term program in place.

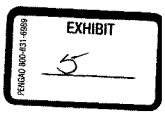
And I would certainly be amenable to any questions that you may have, and I appreciate the opportunity to be here today.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Rutledge follows:]

STATE OF ARKANSAS
OFFICE OF THE GOVERNOR
DRUG DIRECTOR'S OFFICE

Mike Huckabee
Governor



Congressional Testimony

Statement by:

Keith Rutledge
State Drug Director
Office of the Governor

Before the:

House Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources -"Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

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Mr. Chairman Souder, as the chief policy advisor to Governor Mike Huckabee concerning drug abuse treatment, prevention, and law enforcement, I want to thank you on behalf of the Governor and the people of the State of Arkansas for giving me the opportunity to appear before you today to discuss the problem of methamphetamine in Arkansas.

In addition to serving as the Governor's policy advisor, I have certain statutory duties related to multi-jurisdictional drug task forces (DTFs) and enforcement of the forfeiture laws. I also serve as Chairman of the Arkansas Alcohol and Drug Abuse Coordinating Council, a statutorily created body tasked with the responsibility for overseeing all planning, budgeting, and implementation of expenditures of state and federal funds allocated for alcohol and drug education, prevention, treatment, and law enforcement.

I would like to first acknowledge the remarks presented to this committee on February 6, 2004, by Mr. Scott Burns, Deputy Director for State and Local Affairs of the White House Office of National Drug Control Policy and the testimony presented on July 12, 2001, by Mr. Joseph D. Keefe, Chief of Operations Drug Enforcement Administration. Both of these gentlemen have set out the problems of methamphetamine and the devastating consequences of its use and manufacture. I shall attempt to not duplicate their efforts.

My testimony today shall be in two parts. First, I shall discuss the methamphetamine situation as it currently exists in Arkansas and particularly in the Ozark region of the state. Second, I shall offer some recommendations on ways the Federal Government may help in addressing these problems.

CURRENT SITUATION

DATA AND DEMOGRAPHICS

Methamphetamine has become the number one problem of drug abuse in the State of Arkansas. It is an epidemic in the Ozarks of north and west Arkansas and a serious crisis in the rest of the state. From January 1, 2003 through March 31, 2004, the State Crime Lab reported 1,519 clandestine methamphetamine labs in the state. From July 1, 2003 through March 31, 2004, the DTFs alone reported 792 methamphetamine labs, made 2,076 methamphetamine arrests, and confiscated 273 pounds of finished methamphetamine product. During 2003 and the first quarter of 2004, the Arkansas State Police were involved in the seizure 272 methamphetamine labs. In addition, the sheriffs' offices and police agencies across the state have been overwhelmed with the methamphetamine problem. The Drug Enforcement Administration and other federal and state agencies have also been very active in attempting to stop this epidemic.

The extent of the growth of this problem can best be illustrated by the data reported to the State from publicly funded treatment centers in Arkansas. According to the data, from 1992 through 2003, the methamphetamine abuse admissions grew by over one thousand one hundred percent (1,100%). At the current rate of admissions methamphetamine has passed marijuana and is second only to alcohol in admissions for treatment.

Methamphetamine is a cultural and geographic problem. The 2000 census shows Arkansas with a population of 2,673,400. Of the total population 80% were white, 15% African-American or black, 3.5% Hispanic, and the rest various other minority groups. Of the people admitted for methamphetamine problems, 97% are white - 60% are male – they range in ages from 12 to 65. Seventy-five (75%) of males and 71% of females are between 18 and 45 years of age. The Third Congressional District which includes the Ozark Region has a population that is 90.8% white, 5.8% Hispanic, 1.8% African-American or black, 1.3% American Indian, 1.3% Asian, and the balance other minority groups.

LAWS AND LAW ENFORCEMENT

In an attempt to address the manufacturing problem of methamphetamine, the legislature has passed a number of acts that have been codified. Arkansas Code Annotated section 5-64-1101 provides for penalties for possession of various amounts of ephedrine or pseudoephedrine for certain purposes and provides that possession of certain amounts shall be prima facie evidence of the intent to manufacture methamphetamine. Section 5-64-1102 provides felony penalties for anyone possessing ephedrine or pseudoephedrine with intent to manufacture methamphetamine. Section 5-64-1103 provides guidelines for retailers in selling products containing ephedrine or pseudoephedrine including a

prohibition on the sale of more than three (3) packages of product in which one (1) package contains more than Ninety-six (96) pills, tablets, gelcaps, capsules, or other individual units or more than three (3) grams of the substances. In addition section 16-93-611 makes manufacturing methamphetamine or possession of drug paraphernalia with the intent to manufacture methamphetamine a Class Y felony (punishable by a sentence of 10 to 40 years or life imprisonment) and provides that the sentence shall not, except as provided in subsection (b), which deals with juveniles, be eligible for parole or community punishment transfer until the person serves seventy percent (70%) of the term of imprisonment to which the person is sentenced.

Even though Arkansas has passed a number of criminal laws during the past seven or eight years attempting to stem the tide of the methamphetamine problem, the 1,100% increase in admissions for treatment has occurred simultaneously. Although I do not have current statistics on the number of criminal cases and inmates who have been prosecuted and sentenced for meth violations, I know that many judges and prosecutors in Arkansas are wrestling with this problem. Likewise, the Department of Corrections and the Department of Community Corrections are both being forced to cope with the methamphetamine epidemic and the other crimes it spawns, such as robbery, burglary, assault, battery, forgery, and hot checks. The tremendous rise in violent domestic battery can be directly attributed to the use of methamphetamine.

Arkansas has nineteen (19) multi-jurisdictional drug task forces (DTFs) operating in various locations around the state. Each DTF works with numerous law enforcement agencies in their areas. The DTFs are funded by federal, state, and local revenues, and even though each DTF has a local governing board, the Drug Director's office and the Office of Intergovernmental Services in the State Department of Finance and Administration closely monitors them. These agencies assist and work closely with officers from other law enforcement agencies. Recently these forces have spent a great deal of time and energy in methamphetamine arrests, seizures and clandestine lab work. Pulaski County and the City of Little Rock, being the largest metropolitan area in the state do not participate in the DTF but have numerous agencies spending a great deal of time on working the methamphetamine problem. The methamphetamine problem has become the biggest crime problem for a number of law enforcement agencies.

IMPLEMENTATION AND RESULTS

Having previously served as a deputy prosecuting attorney and as a circuit judge, I can personally attest to the human devastation this drug has caused. Most juvenile judges will tell you that an increasing number of minor children are appearing in their courts having been taken from homes in which methamphetamine is being manufactured. These children are taken into the care of the Department of Human Services and then brought before the Juvenile Court for either Families In Need of Services (FINS) action or neglect.

The long-term effects of methemphetamine use will invariably begin to be seen in the nursing homes of the state, which will lead to an increase in the costs of the Medicaid program.

In addition to the human costs in terms of lives lost and money spent on law enforcement and treatment, the environmental costs in cleaning up the clandestine labs and the damage to the environment caused by the manufacture of methamphetamine is becoming a significant problem.

Act 1270 of 2003 mandated the promulgation of guidelines for the cleanup of clandestine methamphetamine laboratories by the Arkansas Department of Health. With the help of the Drug Director's Office, members of DTFs and others, the Department of Health published the guidelines on March 28, 2004. These guidelines have been made available to law enforcement agencies, other government officials and the general public. The ongoing cleanup problem is a very costly part of fighting the war on methamphetamine.

Along with members of the Drug Director's Office and personnel from other state agencies, I have been working to devise methods to increase the efficiency and lower the costs of training and certifying officers as clandestine laboratory officers and site-safety officers.

TREATMENT

Arkansas has both public and private funded treatment centers for substance abuse. These are both residential and outpatient. The publicly funded facilities are primarily based on a protocol of treatment for alcohol and other illicit drugs that respond to short-term treatment. It has been determined that methamphetamine addiction requires a very structured long-term treatment program. The non-profit publicly funded facilities are doing a decent job with the assets they have and are developing a protocol for services for women with children and expectant mothers. Methamphetamine use has significantly increased the number of women in need of drug treatment services.

Because of the ability to keep drug addicts for longer periods of time (often a year or more), the Department of Community Corrections regional correction facilities are doing a good job of treatment. However the number and spaces are very limited.

Arkansas has some recovery support services in the private sector such as faith-based and community-based organizations. However there are not sufficient numbers and services to address the problems.

In its ongoing efforts to combat the drug problems, the State has increased the number of drug courts from three (3) four years ago to at least one in each of the 29 judicial districts. The majority of these came about as a result of legislation passed in 2003 and they are just now becoming active.

EDUCATION AND PREVENTION

Arkansas has also focused attention on the need for education and prevention as it relates to the methamphetamine problem. In 2002, the State of Arkansas hosted the Governors Conference on Methamphetamine at Camp Robinson. Over 300 federal, state, and local officials as well as numerous concerned lay people attended this conference. Those in attendance included the Governor, a US Senator, Congressional representation, the administrator of the DEA, members of the Arkansas legislature, judges, prosecutors, law

enforcement personnel, treatment and prevention providers, members of the clergy and many others. This conference successfully focused attention on this problem.

In July, August, September, and October 2003, the Arkansas Department of Human Services Division of Behavioral Health/Alcohol and Drug Abuse Prevention Office funded regional methamphetamine planning meetings across Arkansas. These meetings were conducted by the Regional Prevention Resource Center Coordinators in collaboration with Prosecuting Attorneys from the various judicial districts in the regions. These regional meetings were a follow up on the statewide meeting hosted by Governor Huckabee the year before. Approximately 980 adults and 650 youths attended these regional meetings across the state.

RECOMMENDATIONS

LAW ENFORCEMENT AND ENVIRONMENT

There is a great need for additional clandestine lab certified officers and site-safety officers across rural Arkansas to ensure the safety of law enforcement officers as well as the safety of communities and citizens.

The federal government is in a position to earmark funds (either through Edward Bryne grant or other sources) to develop a training and certification course of study in Arkansas. This is currently being worked on by the Drug Director's Office and others including DEA, University of Arkansas System, Emergency Management and State Police.

Congress could direct DEA and Homeland Security to help establish and fund a course involving cross training of both law enforcement and emergency personnel for working on clandestine labs and other chemical and toxic emergencies. This could greatly enhance the availability of trained personnel for action in methamphetamine labs and other disasters. Arkansas has the facilities and abilities to develop such a program for use in rural areas across America. This could be very cost effective and a wise use of funds and manpower.

It is recommended that a program be established and funded to test this proposal. My office is prepared to work with Congress and federal and state agencies to develop such a program.

The Arkansas Drug Director and the Arkansas Alcohol and Drug Abuse Coordinating Council are prepared to work toward development of a comprehensive or multi-discipline approach to combating the methamphetamine problem in rural Arkansas. This approach would involve targeting methamphetamine in rural settings with a team of local and state law officers, emergency personnel, DTF officers, treatment specialists, prevention experts, medical personnel and others to confront what is truly an epidemic in certain areas of Arkansas and other rural states.

Congress could help this effort with initial funding and laws allowing technical assistance from various government agencies. My office is prepared to discuss this strategic planning further and to implement it on a limited basis as a pilot project.

TREATMENT AND PREVENTION

Arkansas can be in the forefront of treating the methamphetamine addicted and in the prevention of further abuse of this devastating drug. This can be accomplished through the following potential programs.

Develop a statewide comprehensive prevention program that involves families and their children prior to preschool. The prevention program would promote a healthy life style that would include being free of alcohol, tobacco and illicit drugs. Congress can help by earmarking funds and directing the federal agencies to provide technical assistance in identifying and implementing a prevention program that works. This could involve being a model for the Nation in combating the methamphetamine epidemic.

Develop a long-term substance abuse treatment program for methamphetamine abuse. This program would provide treatment services both residential and outpatient for up to one (1) year with an aftercare program. During the treatment phase the client would be provided with employment counseling and job coaching and would be assisted in finding employment and housing issues would be addressed. Other services that should be provided would include family/martial counseling, childcare and transportation if needed. This program could be implemented through existing providers and could be made a part of the Drug Court system. The Access to Recovery program that the President has initiated could become a very integral part of this long-range approach through the involvement of community and faith based organizations. The Congress can help by increasing the funding for treatment and directing federal agencies to provide technical assistance in the form of treatment protocols that best meet the needs of this group. An increase in funding for Drug Courts could be very instrumental in addressing these needs.

Develop a statewide intervention program for persons arrested on drug related charges and are then being released on bail. Allow the courts to establish as a condition for bail a requirement to attend a drug treatment program prior to trial. Services would include assessment, case management, treatment, addressing vocational and housing issues, and childcare. Many methamphetamine users and manufacturers return to the criminal activity as soon as they are bailed out of jail. This could help address this immediate recidivism problem. Both the state legislature and Congress would need to address this issue. Congress could help with initial funding to establish a method applicable to other states.

CONCLUSION

Arkansas has an epidemic of methamphetamine abuse and manufacture. The needs are great and the resources are limited. Arkansas has consistently ranked in the top ten (10) states in the number of methamphetamine labs and the per capita use of this dangerous drug. Because of the proliferation of so many small clandestine labs in the state, the environmental damage is reaching alarming proportions. These labs are showing up in wooded areas (thus polluting streams), homes with minor children, motel rooms and both rented and owned dwelling houses. The Rural Development Administration of United States Department of Agriculture and the Federal Housing Authority of the United States

Department of Housing and Urban Development have both expressed concern over the liability for properties they receive that have been used to manufacture met amphetamine.

The State of Arkansas recognizes the serious problems posed by methamphetamine manufacture and use and stands ready to attack this problem with new and innovative strategic thinking. With the limited financial resources of the state, the national government through the actions of the Congress can be most helpful in assisting in combating this epidemic as we have others in the past.

I want to thank you again for allowing me the opportunity to address the Subcommittee on this very important topic. If there are any questions, I would be happy to attempt to answer them.

4313 W. Markham, 3rd Floor Administration Little Rock, AR 72205*501-686-9865*Fax 501-686-9035*

Mr. SOUDER. Judge Hudson.

STATEMENT OF DAVID HUDSON, SEBASTIAN COUNTY JUDGE

Judge HUDSON. Thank you, I'll be making comments relative to the written statement from myself with attachments from the Fort Smith police chief, Randy Reed, and the Sebastian County prosecutor, Steve Tabor.

My concerns related to drug use focus on our jails. Our jail's capacity to hold inmates, crowding due to drug offenders, jail expansion and related capital expenditures, and, most significantly, the increased ongoing operating cost from larger facilities. We simply cannot afford to incarcerate all drug offenders. The distinction must be made between criminal violators we are afraid of and those we are mad at. Lock up those we are afraid of and use other programs to deal with those we are mad at, such as drug courts.

It is widely acknowledged that 80 percent of the individuals in the Sebastian County Adult Detention facility are directly or indirectly incarcerated due to some form of drug abuse. Sebastian County is currently in the process of expanding its jail at a cost of $3½ million with an increased operating cost projected at $400,000 a year. The county has been able to plan on jail expansion without requiring a tax increase. However, any further jail expansion will require additional revenues.

The methamphetamine drug abuse problem is considered a major issue in the future expansion of the jail, continued crowding of the existing facility and the need to increase taxes to operate such a facility in the future. Our law enforcement officers and agencies do a great job in apprehending drug abusers, and the prosecuting attorney's office and judges are effective in administering judgment and sentencing these individuals to jail and prison time. However, for a certain category of these offenders, this solution is an expensive proposition with a high probability and likelihood of repeat offenders continuing to exacerbate the flow of arrests, crowding of jails and prisons, and related expenditures.

The expenditure of tax resources to deal with the methamphetamine drug abuser in the areas of education, awareness, and the drug courts' use of judicial sanctions to help rehabilitate, is an effective national public policy partnership with our State and local governments. Law enforcement in western Arkansas has experienced a dramatic increase in the number of clandestine methamphetamine laboratory seizures. Each year, methamphetamine arrests and drug seizures double those of the preceding year. This has had a profound effect upon law enforcement, manpower and asset allocation.

Combating this growing epidemic has become a complicated process which crosses traditional jurisdictional boundaries and requires investigators to consistently share information, specialize abilities and enforcement strategies. High intensity drug trafficking area programs expand and organize investigative methods and abilities among local, State, and Federal law enforcement agencies. HIDTA programs coordinate law enforcement efforts to target those responsible for the illegal manufacture of methamphetamine distribution and transportation.

Recent Federal, State, and local investigations uncovered drug routes leading directly from Mexico to environments within Arkansas and surrounding communities. A collaborative effort promoted by HIDTA programs would prove extremely beneficial to the State of Arkansas and regional law enforcement agencies. Assistance from the Federal Government with regards to developing a HIDTA in our region would encourage collaboration and intelligence efforts and would dramatically affect direct interstate distribution of methamphetamines in the State of Arkansas.

The widespread use of methamphetamines is the single worst contributor to crime in the State in this area of Arkansas. Not only are large numbers of people arrested each year for the use, sale, or manufacture of this drug but many more are arrested for other crimes directly related to the use of methamphetamines. For example, a methamphetamine user is more prone to the commission of violent offenses while under the influence of the drug. Many assaults, homicides, and robberies occur as the direct result of methamphetamine use. In addition, large numbers of methamphetamine users resort to the commission of property crimes in order to support their habit, because they're unable to successfully maintain employment and fund their addiction.

Because of a disturbing trend for methamphetamine labs we have in residential areas, increased attention has to be given to the State for clean up of laboratory sites. Every dollar spent in the drug court is an outstanding investment which will reap untold savings to the system. For every person who successfully beats their addiction through the efforts of drug court, many thousands of dollars are saved is the long run in the cost of investigations and incarceration. I appreciate the opportunity to be here, and I wish you well as we fight this very difficult issue.

[The prepared statement of Judge Hudson follows:]

June 23, 2004

MEMO

To: The Honorable Mark Souder
Subcommittee on Criminal Justice, Drug Policy and Human Resources

From: David Hudson, County Judge

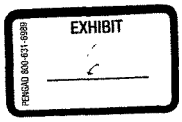
Subject: Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas

As Sebastian County Judge I work closely with the County legislative body, the Quorum Court, and each of the other Elected Officials involved in the Justice System. My concerns related to drug abuse focus on our "Jail" and "Juvenile Detention" facilities capacity to hold inmates, crowding due to drug offenders, jail expansion capital expenditure costs and most significantly the increased ongoing "operating expenses" from larger facilities.

We simply cannot afford to incarcerate all drug offenders. A distinction must be made between criminal violators that we are "afraid of" and those we are "mad at." Lock up those we are afraid of and use other programs to deal with those we are mad at, such as Drug Court.

It is widely acknowledged that 80% of the individuals in the County's Adult Detention Facility are directly or indirectly incarcerated due to some form of drug abuse. The use of methamphetamine has had a peculiar effect in the Sebastian County Criminal Justice System of increasing the number of women incarcerated as well as the overall numbers of individuals with that particular drug abuse habit.

I am advised that the current production of methamphetamine, referred to as "ice," is 80% pure and produces a drug that can be smoked rather than



using a needle to obtain the same "high" as an intravenous injection, for the same price.

Sebastian County has implemented a Drug Court as a resource in drug treatment and was awarded a United States Department of Justice Drug Court Implementation Grant to assist in this program, which is also funded by the State of Arkansas and Sebastian County. We are seeing positive results from this program.

The County is currently in the process of expanding its Jail at a cost of $3.5 million and an increased operating cost of a projected $400,000 a year. The County has been able to plan on the Jail expansion without requiring a tax increase, however, any further expansion of jail operating costs will require additional revenues. The methamphetamine drug abuse problem is considered a major issue to the future expansion of the jail, continued crowding of the existing facility and a need to increase taxes to operate such a facility in the future.

Our law enforcement officers and agencies do a great job in apprehending drug abusers and the Prosecuting Attorney's Office and Judges are effective in administering judgment to sentence these individuals to jail and prison time. However, for a certain category of these offenders this solution is an expensive proposition with a high probability and likelihood of repeat offenders continuing to exacerbate the flow of arrests, crowding of jails and prisons and related expenditures.

Drug treatment and prevention programs as facilitated by the Federal Government are an effective use of Federal tax dollars to help meet local government needs and impact our country on a national basis. I strongly endorse the use of "Drug Courts" and would like to see expansion to our "District Courts" and our "Juvenile Courts."

Expenditure of tax resources to deal with the methamphetamine drug abuser in the areas of education, awareness and "Drug Court use of judicial sanctions to help rehabilitate" is an effective national public policy partnership with our State and Local Governments. Money spent to rehabilitate versus incarceration, when properly applied, gives us our best long term solution.

Also included in my statement are comments from other County officials knowledgeable about our Justice System and methamphetamine drug addiction.

Sincerely,

David Hudson
Sebastian County Judge

DH/aa

Attachment A: Statement by Fort Smith Police Chief Randy Reed

Mr. SOUDER. How big is Sebastian County?
Judge HUDSON. We have a population of 115,000.
Mr. SOUDER. Thank you.
Mr. Howard.

STATEMENT OF J.R. HOWARD, EXECUTIVE DIRECTOR, ARKANSAS STATE CRIME LAB

Mr. HOWARD. Thank you, and good morning. The Arkansas State Crime Lab was established in 1977, and it's the only forensic laboratory in the State. The primary function of the crime lab is to provide forensic services including drug analysis to all local, county, State, and some Federal agencies. I might add that within the State there are over 450 police departments, 75 county sheriffs departments, and about 80 State police and investigators, and not even taking into account the other State law enforcement agencies that use the crime lab. So we've got many folks out in the State loading our wagon for us.

Illicit methamphetamine labs were relatively unknown in Arkansas until the mid 1990's. About that time, the simplified recipes for methamphetamine manufacture became available and the availability of the recipe as well as the accessibility of components resulted in an explosion, sometimes literally explosions, in the number of meth labs beginning in 1995. And that increase continues through today. The 400 percent increase in meth lab seizures from 1995 to 1996 kind of signifies the beginning of the upward spiral of the meth lab seizures in the State.

Initially, the evidenced seized from the meth labs was processed in the drug section of the crime lab. However, an 1,800 percent increase in the number of meth labs seizures from 1995 to 1998 resulted in an illicit lab section of the crime lab being established. And it's established specifically to handle analysis of evidence from methamphetamine labs. At the time, three analysts staffed the illicit lab section. Currently, the illicit lab section is staffed by six analysts, and they're tasked with handling the 1,208 meth seizures that were accomplished in 2003 and are also tasked in handling anticipated—1,305 labs anticipated to be handled this year.

And in addition to analyzing the evidence, the analysts are also tasked with responding to the crime lab sites at the request of local or other law enforcement agencies, and they provide safety information to officers at the scene; they assist in rendering the site safe; they collect evidence samples; they wind up testifying in court; and also they provide training to law enforcement officers regarding the meth lab.

Cases we receive each year continue to outnumber the cases processed which results in an unacceptable backlog of almost 1,000 cases in the illicit lab section. And this backlog is not a result of any inefficiencies on the part of our lab personnel, but it's due primarily to the sheer number of cases coming into the lab. Although additional analysts are needed, current budget constraints hinder the hiring of the additional analysts.

And just as the illicit lab section has no control over the number of hours spent in court, we also have no control over the number of man hours spent in responding to meth labs, because it's totally dependent on calls we receive from outside law enforcement agen-

cies. And on average since January 1, 2004, illicit lab analysts have spent 74 hours in court, which is almost 2 weeks in court, and 187 hours responding to meth lab scenes. And that's over 4 weeks. And each hour they spend in court or at the scene takes them away from the laboratory condition where they analyze the evidence that's needed for court. And since 1995, the number of meth labs seized has increased by almost 5,000 percent, while the number of illicit lab analysts has increased from three to six. The backlog of cases, as well as the congestion of the judicial system contributes to another unique problem.

In many instances, persons charged with manufacture of meth will bond out of jail and may be arrested additional times for manufacture of meth prior to going to trial on the first charge. The illicit lab section assists the Criminal Justice Institute in Little Rock by providing instructors over the methamphetamine awareness first responders course, and clandestine laboratory evidence sampling preparation for this course. It is through this training that analysts hope to educate officers in the proper response techniques to meth labs for safety service and to instruct officers in proper techniques for evidence sampling and handling.

By achieving this goal, the analyst will decrease the call outs to lab sites and increase efficiency of the cases submitted to the lab because proper packaging and submission procedures have been followed. Of course, as a result, it allows the analyst more time in the laboratory.

And in conjunction with the need for training law enforcement personnel and increased manpower, I, again, believe that changes in the law to restrict the availability of ephedrine and pseudoephedrine are much needed. I believe Congress should attempt to address this problem by listing ephedrine and pseudoephedrine as a scheduled drug that either requires a prescription or at least restricted availability. As pertains to the State Crime Lab, we're in need of additional chemists to enhance the staff of the illicit lab section and to support these chemists, we are going to need additional vehicles and equipment as well as environmental training for our people.

Despite our manpower situation and our backlog of cases, our analysts, I would like to say, will continue to produce a quality product the criminal justice system can utilize in continuing the fight against methamphetamine in Arkansas and across the Nation.

Again, I'd like to say thank you for allowing me this opportunity to speak.

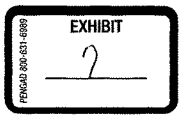
Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Howard follows:]

Congressional Testimony

Statement by:

J.R. Howard
Executive Director
Arkansas State Crime Laboratory



Before the:

House Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources – "Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

Date:

June 28, 2004

Chairman Souder,

On behalf of Governor Huckabee and the people of the State of Arkansas, I want to thank you for giving me the opportunity to appear before you today to discuss the methamphetamine problem in this state.

The Arkansas State Crime Laboratory was established in 1977 and is the only forensic laboratory in this state. The primary function of this lab is to provide forensic services, including drug analysis, to local, county, state, and, in some cases, federal law enforcement agencies in this state.

Illicit methamphetamine (meth) labs, also known as clandestine (clan) labs, were relatively unknown in Arkansas until the mid 1990's. At that time, simplified recipes for methamphetamine manufacture involving the use of iodine/red phosphorus and lithium/anhydrous ammonia combined with the availability of ephedrine and pseudoephedrine tablets became available. The availability of the recipes as well as the accessibility of the components resulted in an explosion in the number of meth labs beginning in 1995 that continues through today. The 400% increase in meth lab seizures from 1995 to 1996 marked the beginning of the upward spiral of meth lab seizures in this state.

Initially, evidence seized from meth labs was processed by analysts in the Drug Section of the Crime Lab. However, an **1800%** increase in the number of meth lab seizures from 1995 to 1998 (24 to 434) resulted in the Crime Lab establishing

an Illicit Lab Section designed specifically to handle the analysis of meth lab evidence. Three analysts whose salaries were paid by a federal grant were transferred from the Drug Section to the Illicit Lab Section. The federal grant also provided for training and crime scene vehicles. The training covered areas such as rendering the scene safe, taking samples, providing advice to law enforcement, and collecting evidence. It should be noted that the actual cleanup of lab sites is handled by vendors who contract with DEA.

The Illicit Lab Section is currently staffed by six analysts, three of which are still paid by a federal grant, who are dedicated to the task of handling the evidence submitted from seized labs. 1208 meth labs were seized in 2003 with 1305 estimated to be seized in 2004.

In addition to analyzing evidence, the analysts are also tasked with responding to clan lab sites at the request of law enforcement agencies to provide safety information, assist in rendering the site safe, collecting evidence samples, testifying in court, and providing training to law enforcement officers.

The cases received each year continue to outnumber the cases processed resulting in an unacceptable backlog of almost 1000 cases. This backlog is not the result of inefficiency on the part of the Illicit Lab personnel, but is due to the sheer number of cases coming to the lab. Although additional analysts are needed in this section to handle the ever increasing caseload and to diminish the backlog, current budget constraints prevent hiring the necessary analysts.

Just as the Illicit Lab Section has no control over the hours spent in court, it also has no control of manhours spent responding to meth lab scenes. Since January 1, 2004, Illicit Lab analysts have spent 74 hours in court and 187 hours responding to meth lab scenes. Since 1995, the number of meth labs seized has increased by almost **5000%** while the number of Illicit Lab analysts has only increased from three to six.

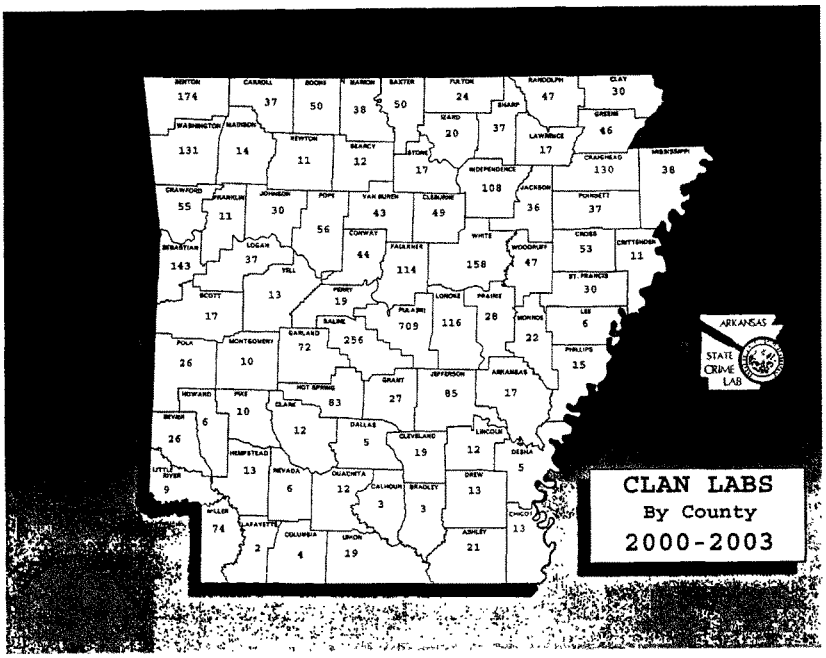
The backlog of cases as well as the congestion of the judicial system contributes to another unique problem. In many instances, persons charged with the manufacture of meth will bond out of jail and may be arrested additional times for manufacture of meth prior to going to trial on the first charge.

The Illicit Lab Section assists the Criminal Justice Institute in Little Rock by providing instructors for the Methamphetamine Awareness for First Responders course and Clandestine Laboratory Evidence Sampling and Preparation course. It is through this training that the analysts hope to educate officers in proper response procedures to meth labs for safety purposes and to instruct officers in the proper techniques of evidence sampling and handling. By achieving this goal, the analysts will decrease the call outs to lab sites and will increase efficiency of cases submitted to the lab because proper packaging and submission procedures have been followed.

In conjunction with the need for training of law enforcement personnel and increased manpower, changes in the law to restrict the availability of ephedrine and pseudoephedrine are much needed. I believe Congress should attempt to address this problem by listing ephedrine and pseudoephedrine as scheduled drugs that would require either a prescription or restricted availability.

As pertains to the State of Arkansas, the State Crime Laboratory is in need of three additional chemists to enhance the staff of the Illicit Lab Section. To support these chemists, we need additional vehicles and equipment as well as training in environmental safety.

Despite the backlog and long hours, our analysts will continue to produce a quality product that the Criminal Justice system can utilize in the continuing fight against methamphetamine in Arkansas and across the United States.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RANDOLPH 47
CLAY 30
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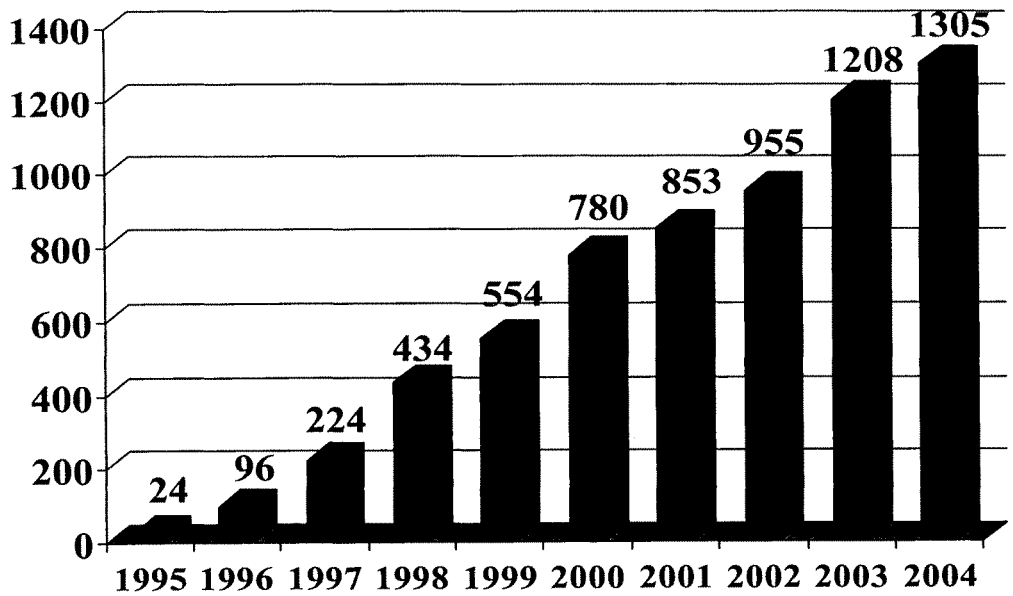
MADISON 14
NEWTON 11
SEARCY 12
STONE 17
WARD 20
SHARP 37
LAWRENCE 17
GREENE 46
CRAIGHEAD 130
MISSISSIPPI 38
INDEPENDENCE 108
JACKSON 36
POINSETT 37
CRAWFORD 55
FRANKLIN 11
JOHNSON 30
POPE 56
VAN BUREN 43
CLEBURNE 49
CONWAY 44
FAULKNER 114
WHITE 158
WOODRUFF 47
CROSS 53
CRITTENDEN 11
SEBASTIAN 143
LOGAN 37
YELL 13
PERRY 19
ST. FRANCIS 30
SCOTT 17
PULASKI 709
LONOKE 116
PRAIRIE 28
LEE 6
SALINE 256
MONROE 22
GARLAND 72
POLK 26
MONTGOMERY 10
PHILLIPS 15
HOT SPRING 83
GRANT 27
JEFFERSON 85
ARKANSAS 17
HOWARD 10
PIKE 6
CLARK 12
DALLAS 5
CLEVELAND 19
LINCOLN 12
DESHA 5
NEVADA 26
HEMPSTEAD 13
LITTLE RIVER 9
NEVADA 6
OUACHITA 12
CALHOUN 3
BRADLEY 3
DREW 13
MILLER 74
LAFAYETTE 2
COLUMBIA 4
UNION 19
ASHLEY 21
CHICOT 13
ARKANSAS
STATE CRIME LAB
CLAN LABS
By County
2000-2003

Meth Labs seized in the state of Arkansas

Based on submissions to Arkansas State Crime Laboratory



Number of labs for 2004 is a projected estimate based on current trends

Mr. SOUDER. Miss Louie.

STATEMENT OF SHIRLEY LOUIE, ENVIRONMENTAL EPIDEMIOLOGY SUPERVISOR, ARKANSAS DEPARTMENT OF HEALTH

Ms. LOUIE. Gentlemen, thank you. I'm Shirley Louie. I'm chief environmental epidemiologist for the Arkansas Department of Health. And I thank you for the opportunity to discuss with you the potential dangers to human health associated with exposure to hazards that you find in areas where there have been clandestine methamphetamine laboratories functioning, and also to discuss the complexities of cleaning up those properties.

In Arkansas, as well as in other parts of the country, we've heard that sites where meth has been produced are shifting away from rural areas and oftentimes into more densely populated and urban areas. In homes, trailers, apartment complexes. These laboratories are not laboratories the way we look at a lab. There's very little control. There's very little attention paid to safety. Oftentimes there are fires and explosions, and the chemicals are not handled in a judicious way.

Law enforcement here in Arkansas has done an outstanding job of doing what we call primary clean-up, which is going in and taking out the chemicals, the paraphernalia, and then turning the—after processing the site, they turn it back over to the property owner. And then it becomes the property owner's responsibility to finish the clean-up detail. Almost all of these sites are contaminated with residuals of the meth process.

In many cases, the property owner, however, will just turn around and have people reoccupy the property without much attention paid to where the contamination is or how much there is of the contamination. And depending upon the methods used to clean up, you can run into residuals of solvents or heavy metals or acids or bases, or sometimes even chemicals that we don't have any way of being able to identify.

Persons can be exposed through a contact with contaminated surfaces or breathing in the dust. You can have rashes associated with this sort of exposure, irritation to your eyes, your nose, your skin, headaches, dizziness, and a myriad of respiratory and central nervous system problems. Children are particularly vulnerable because of their activities, especially smaller children crawling around on the floor, putting things in their mouths. Their skin is very, very sensitive, and they have developing nervous systems. And because of that, they are very vulnerable.

At this time, there are no rules and regulations in Arkansas that cover what we call secondary clean-up. That's clean-up that we state should be necessary before you reoccupy a space. However, the Arkansas Department of Health has developed what we call guidelines to help property owners, tenants, and people who control real estate, to help them figure out what to do. These are general guidelines, they're not meant to be all encompassing, and they are guides and recommendations to help the public. They are not rules and regulations that are enforceable. Arkansas Department of Health does understand that enforceable rules and regulations may be required to insure the quality and uniformity of what we called secondary clean up.

There needs to be an adequate oversight if there's going to be proper reports. There also needs to be adequate and continuing funding for any program that's developed. I think relying on existing personnel and resources, as from already overburdened law enforcement and environmental protection and public health infrastructure will not be adequate to address this problem.

And you as law makers, as you continue these discussions and establish regulations and policies and programs to help us address these problems with secondary clean up of contaminated sites. I hope you'll ensure that these programs will be adequately funded, they will be scientifically and technically sound, and also that they will be protective of public health and the environment. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. Louie follows:]

Testimony Presented Before the US House of Representatives Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources, June 28, 2004, Bentonville, Arkansas.

Testimony presented by: Shirley Louie, M.S., CIH, Chief Environmental Epidemiologist, Arkansas Department of Health, Little Rock, Arkansas.

Thank you for the opportunity to discuss the potential dangers to human health associated with exposure to the hazards found on properties that have been used as clandestine methamphetamine laboratories as well as the complexities involved in proper cleanup of these properties.

In Arkansas as in other parts of the United States, the number of clandestine methamphetamine laboratories, commonly referred to as "meth labs", is growing and their locations are shifting from isolated, rural facilities to houses, trailers and apartments in more densely populated urban areas. These illegal facilities are not "laboratories" as we might envision a laboratory. They are usually operated with little or no attention to safety, resulting in immediate dangers such as fires or explosions as well as exposures to hazardous chemicals.

After law enforcement personnel have secured a methamphetamine lab site, they assess the site. Then the site is processed. Part of the assessment and processing procedures include identifying and disposing of drug manufacturing equipment and chemicals. This process is often referred to as "Primary Cleanup" and is usually performed by a certified hazardous waste contractor. As part of the primary cleanup process, most of the hazardous waste materials including glassware, chemicals and other items not determined to be evidence as identified by law enforcement personnel are disposed of or destroyed by the hazardous waste contractor. After the primary cleanup process had been completed and law enforcement officials release the property, any subsequent cleanup becomes the responsibility of the property owner. These properties are almost always contaminated with the chemicals used to manufacture the illicit drugs.

In many cases, property owners will allow reoccupation of building without any consideration of potential contamination resulting from the illegal drug manufacturing activities that had occurred previously. In buildings where residual contamination is present, new occupants could unwittingly be exposed to hazardous materials. Depending upon the method or methods used to produce the methamphetamine, the hazardous contaminants can include solvents, heavy metals, acids and/or bases as well as unidentified

chemicals. Persons can be exposed to these chemicals by coming into contact with contaminated surfaces or eating food that has been stored or prepared in contaminated containers or appliances. Exposure can also result from inhalation of contaminated dust or dirt. Deleterious effects include skin rashes; irritation of the skin, eyes, nose and mouth; headache; dizziness; fatigue as well as a variety of respiratory and central nervous system problems.

Children are particularly vulnerable to the deleterious effects of these chemicals. In general, children are more likely to be exposed to the residuals of contamination from previous methamphetamine laboratory activities because of behaviors such as crawling on floors and putting foreign materials in their mouths. Children have sensitive skin and rapidly developing nervous systems that make them more sensitive and vulnerable to many of these chemicals. Even children who live in apartments adjacent to methamphetamine laboratories that have not been properly decontaminated can be exposed to potentially harmful chemical residues.

At this time, there are no state statutes in Arkansas that specifically authorize state or local entities to require the cleanup of the interior of privately owned properties contaminated by clandestine methamphetamine manufacturing activities. The Arkansas Department of Health has developed guidelines to provide information about proper cleanup of a clandestine methamphetamine laboratory site prior to reoccupation. These guidelines address cleanup of these laboratory sites after they have been processed and released by law enforcement. This final stage of cleanup is commonly referred to as "Secondary Cleanup". These guidelines have been developed for use by homeowners, landlords, tenants, hotel/motel owners, remediation contractors, law enforcement, and public health officials to aid in cleaning up of former methamphetamine production sites. Although some of these properties are owned by those persons who were actually involved in the methamphetamine production activities, many others are unwitting property owners who were unfortunate enough to rent to tenants who used the property for illicit purposes or who were taken advantage of by unscrupulous friends or relatives. Often times the failure to properly address cleanup of contamination is due to lack of knowledge and resources.

This guidance is intended to provide advice in cleaning up contamination most frequently associated with clandestine methamphetamine production and does not address every possible situation. The information contained in the Arkansas Department of Health Guidance document contains recommended methods for contamination evaluation and cleanup. These are not regulations or rules subject to enforcement.

The Arkansas Department of Health understands that enforceable regulations may be required to ensure the quality and uniformity of secondary cleanup efforts. Effective enforcement must include proper oversight. The enforcement agency must address issues such as: 1) defining the acceptable levels of cleanup; 2) defining and certifying the qualifications of those who should perform the cleanup; 3) establishing procedures and protocols for ensuring that cleanup is performed properly; 4) verifying that all contaminated materials or disposed of in accordance with local, state and federal regulations; and 5) ensuring the health and safety of workers and the public in general.

Adequate and continued funding must be allocated to such a program in order for it to be effective and viable. Relying on existing personnel and resources from already overburdened law enforcement, environmental protection and public health infrastructures will not be enough to address the growing problems associated with cleanup of contamination from clandestine methamphetamine laboratories for the protection of the public and our environment.

Mr. SOUDER. Mr. Hickman.

STATEMENT OF DANNY HICKMAN, SHERIFF, BOONE COUNTY

Mr. HICKMAN. Thank you for inviting me here today. Boone County is in northwest Arkansas, and Harrison's the county seat. My county is 35,000; small county. We see many problems. We border Branson, MO. And we're a very rural county. Some of the meth problems we're seeing, we hear of people buying the precursors every day, we just don't have the manpower to maintain it. We're starting to see more violence in these meth cases. She'd showed you a picture of a gun there; that particular case, the gentleman that we had a 90-minute standoff with him. He had a 4-year-old boy. It was very "touch and go" for quite some time. This man had been up for days on meth. And it ended in a good resolve, the situation there.

But, also, you've got a picture of a—the gentleman spoke a while ago of monitors. We're running into a lot monitors that they know we're coming before we get there. In every lab situation, every lab has weapons. We run into that every time. It's a very dangerous situation.

Myself and the Drug Task Force, our case loads have increased about 50 percent over the past 5 years, and I may add that my jail is overcrowded. I have a small 35-bed jail, and I've had as high as 80 people in my jail. And we're seeing about 80 percent of my inmates are drug related.

I'm very high on education. I educate my staff as much as possible. And I'm very high on any educating the public, which we do a lot of seminars to the public, and we connect well with the businesses. And the result of that, these businesses are able to call us and tell us whenever there are people buying precursors.

And as you can I work real close with the Criminal Justice Institute, which I've got graduates from the Crime Scene Tech school, which has helped our small department greatly. I'm just fortunate to have sent two of my officers to the FBI Academy, the national academy, which is, again, the education. Once again, I do think that education has helped us out a lot as far as prevention.

I do think the blister packs, the cold medicine, we should continue on with the limited amount that are able to be sold to them, but I think it should be in—I believe they should be made to sign for these and give us a means to—a legal means to collect data from the businesses whenever they sign for them and such as that. We get data from pawn shops where people pawn stuff off. We need to be able to get data so that we can continue dealing with our drug cases that way.

Once again, thank you for allowing me to speak to you today.

Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Hickman follows:]

Date: June 23, 2004

To: Congress of the United States
House of Representatives
Committee on Government Reform

From: Sheriff Danny Hickman
Boone County Sheriff's Office
400 East Prospect
Harrison, Arkansas 72601
(870) 741-8404

Ref: Methamphetamine Epidemic in Arkansas

Dear Sir:

I would like to thank you for asking me to testify in this hearing regarding the methamphetamine problem in Arkansas. I feel that this hearing will give you some insight on the methamphetamine epidemic within our area and throughout the State of Arkansas. I also feel that this is a privilege and an honor to be able to speak to you about this problem.

To give you an overall view of our geographical location, Boone County, Arkansas is located in the general Northwest area of Arkansas and the county seat is Harrison, Arkansas. Boone County borders Taney County, Missouri which is the home to Branson, Missouri. Boone County has a population of approximately 35, 000 and is the economic hub for the surrounding counties as well as, a main thorough-fare for Branson and the Buffalo National River. Although, the growth of Boone County is steady and progressive, the "Home town" atmosphere is still present.

One of the major problems that have tainted Boone County and surrounding counties is the methamphetamine epidemic. We hear the uses of methamphetamine everyday and track the individuals who purchase precursors of methamphetamine on a daily basis. We have seen the violent nature of individuals who have been under the influence of methamphetamine and how it has destroyed families. Our narcotics case load, which includes our 14th Judicial Drug Task Force, has had a 50% increase every year for the past five years related to the Methamphetamine problem.

To combat this problem, I have held several classes throughout Boone County, to help educate the concerned citizens and business leaders within our community. I believe in education and have sent several Criminal Investigators that have become Methamphetamine Lab Certified. This certification has trained these Investigators on the detection and the proper disposal of these hazardous sights. In addition, I have sent the same Investigators to C.S.I. (Crime Scene Investigation) School. This school is a six (6) month school held by the Criminal Justice Institute and has aided tremendously in the investigative processing stages at the lab sights. I have also sent two (2) Officers to the Federal Bureau of Investigations National Academy. This school not only provided the Officers with excellent management and investigative practices, it opened a door to network with other officers across the world. I believe that with education and

networking, those problems such as the methamphetamine epidemic, is a solution to the problem that can be met.

Some of the solutions that have been discussed are the "blister pack" pseudoephedrine purchases. The blister packs are only a container to the problem. All containers that have pseudoephedrine should be considered. A possible solution is to continue with the limited amount that maybe purchased and to have the individual sign for the pseudoephedrine purchase as a legal means to collect this data from local businesses. By monitoring the purchases of pseudoephedrine, which is the essential ingredient in the manufacture of methamphetamine. Monitoring can be a deterrent for individuals making purchases of pseudoephedrine intended for manufacturing methamphetamine. This will assist law enforcement agencies that will have information identifying potential suspects that which would aid in combating the epidemic.

I look forward in discussing these issues and answering any questions that you may have.

Respectfully,

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Danny Hickman
Boone County Sheriff

Mr. SOUDER. Mr. Gibbons.

STATEMENT OF DAVID GIBBONS, PROSECUTING ATTORNEY, 5TH JUDICIAL DISTRICT

Mr. GIBBONS. Thank you. Good morning, Mr. Chairman, Congressman Boozman. I'm truly honored to be here. I'm prosecuting attorney for the 5th District. The 5th District is comprised of three counties: Pope County, Johnson County, and Franklin County. We're at the foot of the Ozark Mountains. I–40 traverses us from east to west, west to east, and the Arkansas River is our southern boundary. I didn't know if y'all know where that is.

Our title for this subcommittee hearing, Methamphetamine Epidemic in Arkansas, accurately reflects the situation in the 5th District. It truly is an epidemic, and it's a growing epidemic.

In 2003 and 2004, the first 5 months of 2004, 52 percent of all felonies filed were directly related to methamphetamine. Now, when I say, "directly related to methamphetamine," I mean it's possession of methamphetamine, manufacture of methamphetamine, possession of paraphernalia, the attempt to manufacture or deliver. That, of course, doesn't take into account the forgery, the hot checks, the burglaries that people do to support their habit. Unfortunately, this epidemic, at least in the 5th District, appears to be in large part an epidemic of our own making.

In 1997 when I first took office, 9 percent of the cases filed, and these aren't arrests or searches or labs uncovered, these are actual felonies filed, there were nine manufacturing felonies filed in 1997. Last year, in 2003, there was 67 manufacturing felonies filed, and that includes not just straight manufacturing, that's also paraphernalia with intent. We don't have the product, but the intent is definitely there to manufacture. So far, the first 5 months of 2004, there have been 36 manufacturing felonies filed in those three counties.

The manufacturing cases that we have are not truly super labs. These are what have been called mom and pop labs, and probably accurately reflects the way they are. Most of these labs in one generating period will produce less than an ounce, maybe a little bit more than an ounce, but what I would like to drive home to this subcommittee today is that the impact that those mom and pop labs have goes way beyond the actual drug, the actual product in this way. It takes a lot more manpower and a lot more resources to investigate a lab. You've got to have the people, you've got to work informants, and you've got to do the search warrant. You've got to go in and execute the search warrant. That area has to be secured. It takes a lot more manpower.

The clean up, there's been reference to clean up. Approximately 95 percent with that specter of perjury looming over me, I don't want to—but approximately 95 percent of all of our labs require clean up. We have a company from out of State that comes in and does that. And then, with methamphetamine labs, the crime lab, we put a tremendous amount of work on them because you have a simple possession case or a distribution case, you've got one substance that needs to be analyzed. That is the meth. With a lab, you've got to analyze all those other things so that I can take it to a jury and say, "Well, this is red phosphorus, this is iodine," this

is this, this is that, plus they've got to testify because they've got to tell the jury how all this combines. It puts a tremendous strain on the crime lab. But the trials themselves take long on these mom and pop labs.

A simple possession case or a distribution case, you've got a day, day and a half. A lab case could take 2 to 3 to 4 days. And, finally, it puts a tremendous strain on the prisons because—and I want to hasten, the meth manufacturing cases absolutely justify that these people go to prison. And in Arkansas, they have to serve 70 percent of their time before they're eligible for parole, which is correct, and that's the way it should be. Nevertheless, that's the impact it has.

One thing that I do want to bring out to this, this subcommittee already knows that no matter the technique that's used to produce this methamphetamine, there's one common ingredient and that's pseudoephedrine. Pseudoephedrine is to methamphetamine production in the 5th District as ball bearings were to Nazi war production in World War II. That is their point of vulnerability.

Mr. Bryant's already made—Bill Bryant, already made reference to the Oklahoma law. That law was passed in March. It's House Bill 2176. Basically, it says that pseudoephedrine has to be dispensed by a registered pharmacist or a registered pharmacy technician. This doesn't apply to gel, this is just the solid form. But the receiving person has to have a photo ID and sign a log, which the sheriff alluded to, and no person can have more than 9 grams within 30 days without a valid prescription.

Jim Talley, a writer of the Associated Press in the Fort Smith paper, Southwest Times Record on June 22nd said that Oklahoma—this is what the report is—in Oklahoma, the lab production dropped 70 percent since that law went into effect in the early part of April. He went on to say that 90 meth labs were reported to the Oklahoma State Bureau of Investigation in March. The figure fell to 64 in April and then dropped to 29 in May. Now, that's their figures, but when you think about it, these people that run the mom and pop organizations, they don't plan good, so that can very well be accurate, and I assume that it is.

There's no question that you have to attack this methamphetamine problem on all fronts; the drug courts, treatment, interdiction on ice—or interdiction. But in my opinion, to restrict the access of pseudoephedrine would drive a stake in the heart of methamphetamine production, in the 5th District.

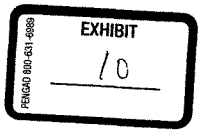
Thank you very much.

[The prepared statement of Mr. Gibbons follows:]

WRITTEN TESTIMONY
OF
DAVID GIBBONS
PROSECUTING ATTORNEY
ARKANSAS' FIFTH JUDICIAL DISTRICT

HOUSE GOVERNMENT REFORM SUB-COMMITTEE
ON
CRIMINAL JUSTICE DRUG POLICY AND HUMAN RESOURCES

BENTONVILLE, ARKANSAS
JUNE 28, 2004



Arkansas' Fifth Judicial District has an area of 2084 square miles and is composed of three counties: Franklin, Johnson and Pope. The District's western border is the western border of Franklin County, which lies approximately 24 miles east of the Arkansas/Oklahoma border. The District stretches east from Franklin County through Johnson County where it ends with Pope County's border with Conway County, approximately 80 miles away. The Arkansas River forms the southern border of the District with the exception of the Charleston District of Franklin County, which is situated south of the river. I-40 runs through the entire district from east to west and constitutes a major corridor for Methamphetamine trafficking – this is particularly true since September 11, 2001. The number of vehicles forfeited on I-40 in the Fifth District increased from nine in 2001 to twenty-four and twenty-three in 2002 and 2003, respectively.

In 2000, the district had a population of 95,020. This was an increase district-wide of approximately 20% from 1990. The district is overwhelmingly white (>90% for each of the three counties), although Johnson County has a significant and growing Hispanic population: 6.7% as of 2000. The percentage of adults over 25 with a high school education is 71.1% for Franklin County; 67.6% for Johnson County; and 77.1% for Pope County. The median household income for Franklin County is $30,848; for Johnson County $27,910; and for Pope County $32,069. The unemployment rate as of April 2004 was 4.1% for Franklin County; 3.9% for Johnson County; and 4.6% for Pope County.

The use, distribution and manufacture of Methamphetamine is a pervasive and malignant problem which puts a tremendous strain on the criminal justice system in the Fifth District. In 2003 and the first five months of 2004, 52% of all felonies filed in the district involved either the use, distribution, or manufacture of Methamphetamine. This does not include the forgeries, burglaries, thefts and felony hot check crimes which were committed in order to finance a Methamphetamine habit. At least one murder in Franklin County was the direct result of Methamphetamine trafficking. The murder resulted in the death of one young man, and lengthy prison sentences for three others. None of the four men had reached the age of 21 at the time of the crime.

An examination of all Methamphetamine related cases (manufacturing, possession of paraphernalia with intent to manufacture, delivery, possession with intent to deliver, and possession) shows that between 1997 and 2003 there was a 114.66% percent increase in the number of Methamphetamine cases filed in the district. When the focus is narrowed to manufacturing cases (manufacture and possession of paraphernalia with intent to manufacture), the increase is astounding – from nine (9) cases in 1997 to sixty-seven (67) cases in 2003 – a 644% increase. In the first five months of 2004 there have been thirty-six manufacturing cases filed.

The following charts illustrate the increase in filings for Methamphetamine manufacture, delivery/possession with intent to deliver, and possession for the years of 1997-2003 and the first five months of 2004.

While possession and distribution of Methamphetamine are certainly very important parts of the Methamphetamine problem, it is the manufacture of Methamphetamine which threatens to collapse the criminal justice system in the Fifth Judicial District. Although 95% of the labs filed on in the Fifth District produce less than one ounce of Methamphetamine per generating period, their impact is much greater than the product itself. This disproportionate effect is the result of the following factors:

1) An inordinate amount of manpower is required to investigate labs and to prepare and execute search warrants.

2) An inordinate amount of manpower and resources are required for clean-up of lab sites. Clean-up is required in approximately 95% of Fifth District lab cases.

3) Methamphetamine labs require extensive Crime Laboratory Analysis, both quantitatively and qualitatively, because of the type and numbers of items recovered in meth labs.

4) Trials typically take two to three times as long as trials required for possession or delivery cases.

5) Prison sentences are typically, and justifiably, longer, putting a strain on the prison system.

In the Fifth District, Methamphetamine is manufactured using two basic methods: Lithium-Anhydrous Ammonia Method and the Red Phosphorous Method. Both methods require pseudoephedrine or ephedrine as a starting point. The ephedrine or pseudoephedrine must be in solid form. Techniques are not available to extract pseudoephedrine or ephedrine from gel or liquid medications. The meth cooks in the Fifth District use over-the-counter cold medications, such as Sudafed and Claritin D, and go from retail store to retail store to get enough pills to convert to Methamphetamine. Nine (9) grams of pseudoephedrine will normally yield 4.5 to 7.0 grams of Methamphetamine.

The fact that ephedrine or pseudoephedrine is required to manufacture Methamphetamine is the Achilles Heel of the lab cooks in two respects. First, the fact that cooks go from store to store to purchase or shoplift the pseudoephedrine is used by DTF agents to identify manufacturers, and subsequently, to obtain search warrants for their labs. Second, if pseudoephedrine and ephedrine can be made inaccessible to cooks, they simply cannot synthesize Methamphetamine. Again, without pseudoephedrine or ephedrine, it is impossible to make Methamphetamine.

In April of this year, Oklahoma adopted the approach of making pseudoephedrine inaccessible to cooks when it passed legislation which restricted the sale of pseudoephedrine in the following ways:

1) All compounds containing any detectable amount of pseudoephedrine, other than those in liquid, liquid capsule, or gel capsule form, must be dispensed only by a licensed pharmacist or a licensed pharmacist technician.

2) Any person purchasing or receiving the compound must provide a photo ID with date of birth and must sign a written log showing date, name of person, and amount of compound.

3) No person may purchase or receive more than 9 grams of compound within a 30-day period, unless dispensed pursuant to a valid prescription. (Oklahoma HB 2176)

The Southwest Times Record published in Fort Smith, Arkansas, reported on June 22, 2004, that the number of Methamphetamine labs in Oklahoma dropped 70% since the law was enacted. The article went on to state that "...about 90 meth labs were reported to the OSBI in March...that figure declined to 64 in April and fell further to 29 in May."

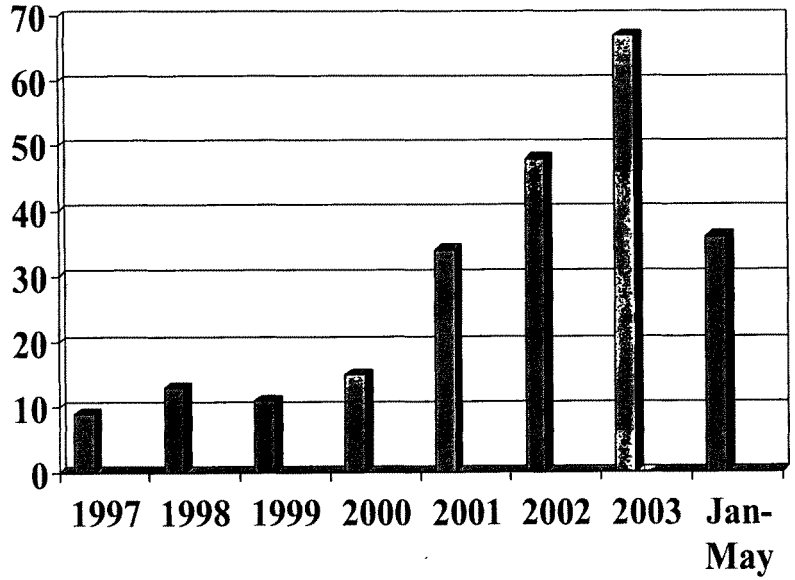
It is the opinion of the Prosecuting Attorney's Office of the Fifth Judicial District that if Congress were to enact legislation similar to that of Oklahoma's, a stake would be driven through the heart of the Methamphetamine problem in areas such as Arkansas' Fifth Judicial District.

Respectfully submitted,

David L. Gibbons
Prosecuting Attorney
Fifth Judicial District

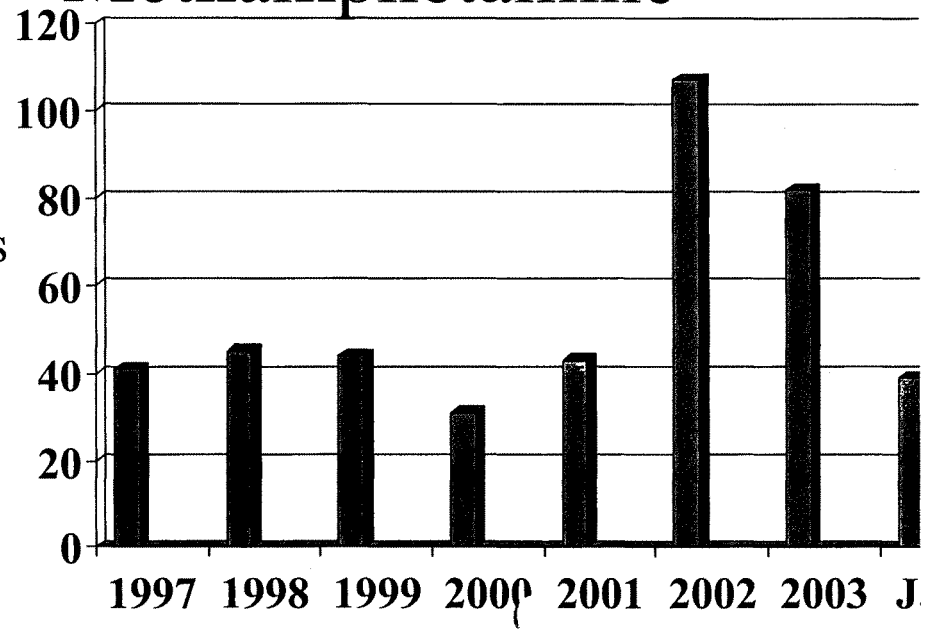
Manufacturing Methamphetamine Cases

- Cases Filed



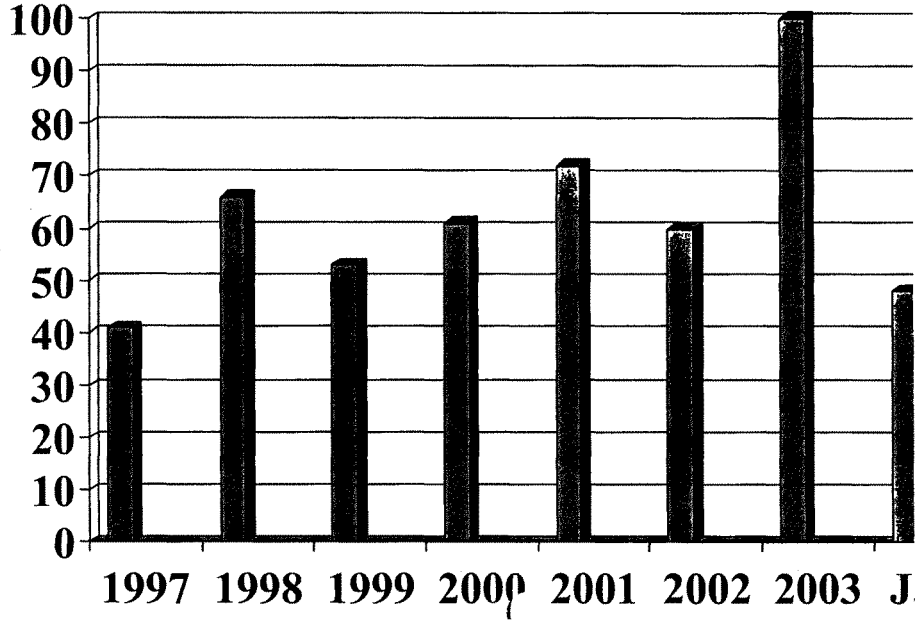
Delivery/Possession with Intent Methamphetamine

- Cases Filed



Possession of Methamphetamine

- Cases Filed



Mr. SOUDER. I'm going to make an absolute. One thing that's very discouraging and what's absolutely clear is that the growth rate expense, we don't have the money to deal with it the way we're dealing with it. So I want to ask a couple of questions in that vein. Let me start with Ms. Louie and Mr. Howard, maybe, but start with Ms. Louie.

The chemicals that they're using in the labs are clearly dangerous. Don't take any of my questions otherwise. Do we have any hard evidence of people getting sick or being treated or problems occurring at homes where a lab was previously, and now somebody else has moved in, and they've gone to the hospital? Do we have any hard evidence, or is this mostly a concern or looking at what could be?

Ms. LOUIE. Some of the information is anecdotal in that a mother or father will bring their child into an emergency room, for instance, and they will have symptoms that are consistent with exposure to chemicals. But it's oftentimes they don't even know that they've moved into a facility or a home or an apartment that was once used as a meth production facility.

Physicians don't make that cause and effect oftentimes. They treat the symptoms, they try to make the child well, but without that kind of information, and since these chemicals can also be used in other areas, too, it's not always clear cut why. We know from experience, and in occupational settings, in accidental exposure settings that if a child is exposed to those chemicals which clearly can be and oftentimes are detected on those properties, they can and will be sick. And so I think even though that hard evidence is not there, it's not because it isn't real. Perhaps it's because we haven't looked hard enough to find it.

Mr. SOUDER. Yes, we have a huge problem here because even in Arkansas, what we're hearing is that the labs aren't producing large quantities and that the—if we're looking at it from an addition treatment side, the problem is not the home grown labs, the problem is the Mexican trafficking organizations, even in Arkansas. Because what we didn't ask, but I know the answer to the question is, is that it isn't only that the home grown labs only provide 30 percent roughly of Arkansas, but it isn't as addictive and it's not as explosive. In other words, the super lab's purity and addictive components are greater than the home grown because they're using different chemical forms and so on and so forth.

Looking at it from a drug treatment standpoint, it's not the small mom and pop labs. If we're looking at it from the numbers who are addicted, it's not the mom and pop labs. If we're looking at it from violence to the general—if we're looking at court cases related to child abuse, court cases related to spouse abuse and other things, it's not the mom and pop labs. And yet, we're spending an incredible amount of dollars with clean-up equipment, the time, and what it absolutely is, is the mom and pop labs are the greatest danger physically to local police forces because as they go in, these people are armed. So clearly it's a danger to them. It's clearly the No. 1 thing that's taking up the time of our local police forces, which means it's being diverted from other crime as they zero in on this, particularly if they have to wait at the location. It's taking the biggest percent of the prisons.

I had one county in my district that every single person is in on meth. They can't even arrest anybody with anything else because they're overcrowded, and everybody in there is on meth. That is taking up the prison space.

Ironically though, with people who often have ounces as opposed to pounds, which is the very reverse of our policy on marijuana, that it has a huge impact on the law enforcement side. But what I'm trying to sort through, after sitting through hearing after hearing, in the environmental context, we're going to have to have a very hard look at the environmental and healthcare side of this because most of these things are household chemicals that are already in the house in many cases. They're in different forms.

And the question is, is there something we could do to spot check in emergency rooms? You've got a couple of counties that have lots of these labs. Could we do a spot check and look at something in the 10 highest counties in the United States where there are labs to investigate the emergency room? We may be making a false assumption here and pouring our money intensively into something without the greatest return. In other words, one of the first cuts may be has there been spillage, has the stuff been mixed, what form of the danger it is. Because it isn't sustainable.

There's no way the Federal Government, which is more broke than the State government, which is more broke than the local government, but the local government doesn't want to raise taxes, the State government doesn't want to have to raise the taxes, and the Federal Government, we're trying to cut taxes, so the bottom line, is that it's not like there's money. Any money we give you, we're just running up the deficit to give it to you. But we certainly aren't going to be able to sustain the type of increases that you were talking about. I mean, it's exponential.

And I can see you're backlogged 1,000 cases, and in every lab, you have to have multiple things to take down a lab which makes a couple of ounces, and to be able to prove it in court, we have an unsustainable problem here. It isn't whether the Federal Government is going to do it, the State government, or local government. It's not sustainable.

From the law enforcement I heard that we need to be brainstorming how we prioritize this system. So if you want to give us some additional information, and nobody likes to make that cut, because we'd like to get them all, but we're going to have to have some kind of prioritization system as we've had to in other kinds of narcotics and other kinds of challenges. Pseudoephedrine is definitely a problem and we clearly have to crack down, we have to get more information. We're working on some legislation.

Now, I want to ask you a couple of particular questions about that. I really want you to brainstorm. You can't possibly, as a prosecutor or a judge or a sheriff, or even EPA, you can't go running after all these labs, and we need to figure out what is the extent of the risk, what are the major things that get us over from potential risks to risks but more short-term risk, the things that can really be damaging. Clearly, it's the child abuse risk, and if Arkansas doesn't have that law, you ought to look at the California law because anybody that's cooking in their home where there are small children, they put that child at risk for explosion purposes.

But, let me ask, do you use anhydrous ammonia here in some of the labs? We have one case in Indiana, this idiot went into—because we need to look at somehow how to protect in some of the rural areas, they have these areas where they have anhydrous ammonia in big tanks, and some idiot went in there, got one and a half turns from blowing up a tank that would have taken a town of 700 off the face of the earth. It was at the edge of town, they were living out in the country. One and a half more turns on that, because he couldn't get it all the way off, one and a half more turns, it would have instantaneously killed all 700 people in the town before they even knew they got hit.

Now, that's a different level of risk than some home cooker who, basically, has himself in the house or his spouse in the house or little kids in the house. Because they're going to burn the place up, they're going to wound the kids, that's risk immediately on that. While he's cooking there's a risk. But we've got to look at the clean up. Clean up and the hard data here, because we don't have enough dollars to do this. We'll never have enough dollars to do this.

I'd like to hear everwho wants to take a crack at that. Go ahead.

Ms. LOUIE. Thank you. I guess one of the issues that we looked at when we developed the Arkansas Department of Health guidelines for secondary clean up was just that issue of, you know, you will never be able to clean a facility up to where it's pristine and spotless. However, you can be reasonable, and let's look and see a fundamental assessment of what has been the contamination and where were these things and where were the chemicals stored, where was the activity going on? And then make that assessment. It may be that clean up can be very superficial and not all that expensive. It is still the responsibility of the property owner. Or you make that person take on that responsibility.

If you make those regulations or guidelines reasonable enough so that there is still protection of public health but it's not so overwhelming that it's going to cost that person more than his or her house is worth in order to facilitate that clean up. I think there needs to be a reasonableness and a balance without jeopardizing public health and the environment but still making it so it's doable so we're not having to dump that last million dollars to clean up that last model.

Mr. SOUDER. Sheriff, if your guys come across a home meth cooker, how long does it take to get clean up?

Mr. HICKMAN. It depends upon if the crime lab's available at the time. It can be—I'm in north—the northern part of Arkansas and Little Rock being in the central, it depends on where they're at. Anywhere from 2 hours to 8 to 10 hours.

Mr. SOUDER. And do your guys leave the scene.

Mr. HICKMAN. No, sir. We're there until it's gone.

Mr. SOUDER. And the closest is Little Rock.

Mr. HICKMAN. Yes.

Mr. SOUDER. So what's typical? How long? Do you just leave one person there or do you leave the whole team there?

Mr. HICKMAN. No, my—the sheriff's office and the Drug Task Force coordinates that together. It's anywhere from probably five to six guys.

Mr. SOUDER. So they're tied up?

Mr. HICKMAN. They're tied up until it's gone.

Mr. SOUDER. So it's typically 4 hours.

Mr. HICKMAN. That would be the earliest.

Mr. SOUDER. So half day, you've got five to six people tied up and sitting there.

Mr. HICKMAN. Yes. Actually, you know, from the investigation end of it, until we write the search warrant, while they're writing the search warrant, I've got to have a deputy sit on the lab, you get the search warrant signed off, and the search starts, a normal lab, you're looking at probably a good 10 hours.

Mr. SOUDER. I'll come back to Mr. Rutledge in just a minute.

Mr. Gibbons, you were talking about the difficulty in prosecuting somebody and all you've got to put together and all that case. Do you see any ways that we can simplify this process? I mean, this isn't realistic. It's tough if you were doing 20 labs, but when you get into the hundreds, we're not even in the zone of realism here for being able to fund it long term.

Mr. GIBBONS. There's nothing the Federal Government can do of which I'm aware of that brings to mind that would enable me to prosecute a case easier. Because, you know, simply the facts are there, and that's what they are. And a jury's got to learn that there's certain things you have to do.

Yes, you're right, Mr. Chairman, it isn't realistic, but the fact is, it's realty. And these things have to be stopped, and we do have to go out to these labs. We may not have to clean each one up, but we have to go to each lab. Because if we don't, the whole block will be tampered—the whole area is contaminated.

Mr. SOUDER. Let me give you an example. If we said that on the surface if you had X amount of pseudoephedrine and it's not in the pill bottle to be used as for aspirin or something, that you are de facto able to be prosecuted for a certain of crime? And then you would look at a prosecutor and the prosecutor would say, "Since he was only producing this amount, I'm going to get him on the pseudoephedrine charge rather than a meth charge."

Mr. GIBBONS. Yeah, I do that. We have a law in Arkansas where we actually have one in possession of certain quantities pseudoephedrine is in and of itself a crime. We use that to a degree. Also, I mentioned earlier, the possession of paraphernalia with the intent to manufacture is a Class B felony. I use that a lot. And we do that, just what you're talking about, Mr. Chairman. When we see something that's not an active lab that's putting out a whole lot of product, if we can stop them there, that's how we do that. Nevertheless, we still have a lot of the chemicals, and we still have that same problemof showing what they intended it for. So, yeah.

Mr. SOUDER. So is there a way when Sheriff Hickman walks up to the place, rather than tying up 6 to 10 people, that he can get a quick read as to whether this is going to be a paraphernalia pseudoephedrine prosecution as opposed to a large one?

Mr. GIBBONS. Sheriff Hickman will know when he goes in there that these people have purchased all of these items. He will know that they have—I'm almost sure he will be positive that they have producedmethamphetamine in that house before, or else he

wouldn't be there. Some informant's told him that. Then he has the duty to go in and see what's actually going on. Sometimes he'll get a lab in progress, sometimes he'll get the lab after it's down. Sometimes he'll get simply pills. So he doesn't—he doesn't know that, but he knows he's got to go in there and do something because that's just the——

Mr. SOUDER. Mr. Rutledge.

Mr. RUTLEDGE. There were a couple of things, Mr. Chairman, that you mentioned that I think might be helpful. One is the definition of a lab. You know, what constitutes a lab? And I have tried to find that out from various people, and it would make it easier if we had some definition.

One thing that you might—that I've noted in my other statement was that the drug task forces in Arkansas last year alone confiscated 273 pounds of methamphetamine, and the vast majority of that was home grown in these mom and pop. That's a lot of methamphetamine in these little mom and pop operations, that—when you break it all out.

We are also meeting with the—I think the sheriff mentioned the CJI a while ago, which is part of the University of Arkansas. It's the Criminal Justice Institute. And my office and others have been meeting with CJI and the State police and DEA and others in an attempt to try and develop a training for—instead of him taking six guys, six deputy sheriffs, certified law enforcement officers, to sit there on that lab while—you know, it may take 8 hours for somebody to come there and clean it up and look at it and all that kind of stuff, that if there was some cross-training ability with the emergency management people and the volunteer fire fighters who are trained in certain aspects of chemicalspills and hazardous waste and those kind of things, where they could be utilized with the sheriff's deputies to fill in. Because a lot of these are volunteer guys, and they would be more than willing to be there to protect the site while the law enforcement people could be doing other things and—if they were properly trained in those techniques. And, conversely, the law enforcement people could be trained to do some chemical hazardous work as it relates to terrorism and other chemical things that the emergency management people are trained to do.

And what we're looking at is trying to figure out a way to cross train those people into some kind of a system. Because one thing we're—the DEA does a good job of training our people, but as Mr. Bryant said, there were 400 something that they had trained for the State of Arkansas. Well, all these labs require certified lab officers. You can't just have John Doe Deputy Sheriff walking in there doing this stuff. And a lot of those people, you know, we get them trained, and then they go on, they get promoted to different jobs, or they move to a different agency. And so it's a continuing flow problem. And we're looking at trying to come up with a proposal that maybe the government can help us fund to train more people and not just law enforcement officers. You know, cross training. That may help alleviate some of these local law enforcement problems.

Mr. SOUDER. I believe Congressman Boozman has some more questions. Thank you very much.

Mr. BOOZMAN. Thank you-all for your testimony and your statements. Your written material that you turned in really was excellent.

Mr. Gibbons, people tell me that the small labs, that it's almost like the Amway, they cook for a little bit, maybe for one or two or three people to support their own habit. Is that true, or is reality that they are supporting their own habit, but they're also—you know, you mentioned a large amount that was seized over and above. When we talk about a small lab, what are we really talking about?

Mr. GIBBONS. Well, I think that we're talking about, at least in my district, Congressman Boozman, we're talking about a lab which would generate somewhere around an ounce of methamphetamine during just one generation period. One generation period, using the methods that are used in the 5th District, generally would be about a 24-hour period from pills sold to finished product. It's not—I haven't seen it—like when you say it's for their own use, there's two or three of them that it never gets outside that circle, and that's where it enters the trade. It's part of it.

I would agree with Mr. Bryant who testified, that's probably 70/30. I might put it more like 65/35, but somewheres in there. But it does enter the stream of commerce, if I can use that phrase. It does get outside those two to three people. And it has to be stopped.

You know, the sheriff, whether it's a pill soak or whatever it is, it may have ramifications on how we clean it up, but it nevertheless has to be stopped because it's a problem that just feeds on itself.

Mr. BOOZMAN. You mentioned that the primary ingredient, no matter how you make it, is the ephedrine and pseudoephedrine. As you-all make your busts and do your analysis in Arkansas, where do the perpetrators get their stuff?

Mr. GIBBONS. They go, Congressman, they go—or in my experience in the 5th District, they go from retail store to retail store, they go to convenience stores, they go to Wal-Mart, where they're limited, but then they go to the other one. There's Russellville Wal-Mart, Clarksville Wal-Mart, and Ozark Wal-Mart in my district. And we have good cooperation from retail merchants, but iodine and things of that nature, they may go to the feed store, red phosphorus, of course, they get from the striker plates in matches. But, basically, the pseudoephedrine, they'll purchase from convenience stores and places like that.

Mr. BOOZMAN. So we are getting more cooperation? You mentioned, Sheriff Hickman——

Mr. HICKMAN. We're getting a lot more cooperation. Like I said, the education of businesses and what have you, just like he said, what we find is a group of people will come in and they'll split up and go to these retail stores and Wal-Mart and feed stores, and then they'll gang back up and go off and do their lab.

Mr. BOOZMAN. Have we prosecuted any stores, as far as convenience stores, that seem to be breaking the law far as dealing?

Mr. GIBBONS. We——

Mr. BOOZMAN [continuing]. Themselves.

Mr. GIBBONS. I didn't mean to interrupt you, but in my district we had one store that we came very close to, but it went awry. But that's the only one that I'm aware of in my district.

Mr. BOOZMAN. Is that an area we need to concentrate on?

Mr. RUTLEDGE. You know, there is a State law that, you know, limits the amount these people can—and the enforcement of that law is real tricky, because just like Mr. Gibbons said, you know, the guy goes through this line at Wal-Mart and goes through that line down there, and he goes to the next Wal-Mart or the next convenience store. And these stores are helpful in furnishing data and about who's buying and all that kind of stuff.

I do think that most prosecutors in the State will prosecute if the stores violate, but I don't think that's the big problem. I think it's the guy—you know, they're not violating—now, there are a few, and we've had some in north Arkansas where some 7-Eleven type store might buy cases of this stuff and pedaling it.

I know there was one case in Batesville that they were taking it to Jonesboro by the case and—this was a number of years ago—and selling it to the people that were manufacturing, and that kind of thing. And those people are being prosecuted if we find them, but I think the biggest problem is just this buying it, you know. But we're certainly looking at it from the State level.

Mr. BOOZMAN. How about the statistics I read which say that this is something that many people get into later in their life, and since late teens or whatever, on up into their 40's, and lot of women get into this disproportionally, compared to some other stuff? I mean, how is that impacting the system?

Mr. RUTLEDGE. I think that is probably the most—we have had a tremendous explosion in the number of women committing crimes, and especially this particular crime. In Arkansas, as the data would show, in the public facilities, admissions for methamphetamine, 40 percent are women, which, that's pretty high on any kind of drug problem. And what we're seeing in Little Rock and in some of these other areas where we have treatment facilities for women and children, pregnant women, we're seeing an increase in that particular problem of—you know, young women with babies, small children, or who are pregnant. And this is just a devastating thing.

You know, when I was circuit judge, I never will forget when these people come to me and—for commitment, or some kind of domestic abuse order, and 90 percent of it was methamphetamine. And you had some young lady there who was admitted for treatment that—you know, with her teeth falling out and all this kind of thing. And it was just devastating. And that's what I've got a real concern about this. What are we going to do about it.

But, yeah, women are a big problem. Not more so then men, but the idea that more women are becoming criminals because of this particular drug than any other, because of the—one other thing, Congressman, that—it's not really a teenage drug, but it's—you know, we have them as young as 9 or 10, but the vast 75 percent, I think, of the people who are committed or admitted for treatment fall within the age range of 20 to 45 years of age. We have some older.

What really concerns me is because of that age group and the devastation to the family and other things that this stuff is causing, I see a potential for real explosion in the number of people going into nursing homes at an earlier age and a real devastating effect on the Medicaid funds that we have, because we don't—in Arkansas, we don't spend any Medicaid funds per se on substance abuse treatment, but it could become a real source of problems when those people become dysfunctional and end up in a nursing home.

Mr. BOOZMAN. One other thing, and I'll then let Chairman Souder continue. The Oklahoma law, has it been in effect long enough to know if being a State that borders, are we seeing more people—David, you're in Fort Smith, Mr. Gibbons, are we seeing more people crossing the line to buy product in Arkansas and then taking it back to Oklahoma, or do we not know yet?

Mr. GIBBONS. Congressman, there's always been a real permeable membrane there between Oklahoma and Arkansas. I did talk with a State police drug agent last night, and I asked him that very question. He indicated to me that, yes, he seemed to think that there were more and more people coming over, but he, obviously, didn't have any hard facts on the affect of that was having, or something like that. But, again, you know, he—that was his impression.

Mr. BOOZMAN. Something's happening because the statistics that you quoted were pretty dramatic.

Mr. GIBBONS. Yes, they are.

Mr. BOOZMAN. David.

Judge HUDSON. I can't clarify anything on that.

Mr. BOOZMAN. Thank you.

Mr. SOUDER. I guess if they were purchasing in Arkansas and taking it back, there's not a tracking—I think if they destroy the packages, you wouldn't be able to tell. Is there a way to tell from packaging where it was purchased.

Mr. GIBBONS. I don't believe there is, Mr. Chairman. I don't believe so.

Mr. RUTLEDGE. If they buy it at Wal-Mart, there probably is. They track almost everything in sight.

Mr. GIBBONS. But you've got a Wal-Mart man coming.

Mr. SOUDER. Mr. Howard, you had a chart in the back——

Mr. HOWARD. Yes.

Mr. SOUDER [continuing]. With clan labs, so this is over a 3-year period?

Mr. HOWARD. Are you looking at this——

Mr. SOUDER. No, actually, I was looking at the map.

Mr. HOWARD. Oh, yes. Yes, sir, that is. That map of the State of Arkansas is the number of labs seized in 2000 to 2003.

Mr. SOUDER. In looking at this, what's unusual about this compared to any other meth map that I've seen is the highest number is in Little Rock county.

Mr. HOWARD. Yes, sir.

Mr. SOUDER. In Pulaski and around there. Do you have any opinion why that is? Does anybody else have an opinion of why that is? It's counter to the national trend.

Mr. RUTLEDGE. Well, it's three times as big as any other, you know, county in the State, approximately. There's 300,000 people live in Pulaski County. And in the surrounding area, there's probably, you know——

Mr. SOUDER. But, for example——

Mr. RUTLEDGE. Out of the 2.7 million, you know, there's a pretty good chunk of people right in there.

Mr. SOUDER. But, as an example, in Missouri, you wouldn't see Kansas City and St. Louis have the biggest meth problem. I mean, they don't. So why would it be in the urban, is it not as urban? Is it—I mean, I don't have a geographic sense.

Mr. RUTLEDGE. Yeah, it's really not.

Mr. SOUDER. Because some of the surrounding counties around there, too, are the heaviest counties. You've got—it looks like No. 5 and 6 are up here in the northwest, but the top 4 are right in the Little Rock area.

Mr. HOWARD. I agree with Judge Rutledge there. That's the population density of Arkansas is that area. Plus, Little Rock, you don't have to travel too far out of Little Rock until you're in rural areas. And I can't say that has an affect on it, but it's possibly one of the reasons. I think the density population is one reason.

Mr. SOUDER. Yeah. But, for example, in my district, Indiana is fifth highest in meth labs. In fact, we're reporting almost the same as Arkansas, just a little bit behind, and it's unreported as well, because our State police numbers are almost twice as high as our Federal number.

In looking at that, however, my home city of Fort Wayne has had maybe three of 230,000, Elkhart that has a lot, it's about a town of 40,000; another town of 30,000 next to it, but you get out in the rural areas and exponentially, the number of labs increase. And I'm trying to figure out is that what we—in Kansas, the biggest problem in Kansas is outside the metro areas. In Tennessee and Kentucky, it's outside the metro areas. I'm trying to figure out why would it be different in Arkansas.

First off, maybe these areas are quickly rural, and my question would be, are the meth labs outside the city of Little Rock or is it just in Little Rock? Is it in the suburban areas or is this pattern changing? Another explanation would be there's more law enforcement there, so, therefore, they caught them.

Mr. RUTLEDGE. That last explanation is part of it. And I think, too, in those places that you're talking about like—now Kansas is a little different, but it's just now getting into south Arkansas and southeast Arkansas, and those—and in Little Rock. If you go back 10 years, there were hardly any there in the Little Rock area. Now, you've got the 3-years latest, you know.

And I think what you're seeing is an explosion in and around Little Rock. In most of the—Pulaski County itself is a lot of rural, even though Little Rock is in the middle of it. And I don't have an answer to your question, but that would be my supposition is that we've seen a real explosion in the urban—in the number of labs in buildings, in homes, in cars, in those kind of things, where it used to be everybody hid out in the brush, so to speak, like the old—when my daddy made moonshine, you know, he wasn't making it in the house because somebody might take his house. Well, so what

we're seeing is it moving into the urban areas. And I think you will experience that probably in Indiana as this thing explodes up there.

Mr. SOUDER. Yes, I want to state for the record that I'm referring to a chart without putting it into the record, and people here, this chart shows 709 in Pulaski, 256 in the county next to it, so nearly 1,000 in those two counties. And then next is—Benton with 174, Sebastian with 143, and Washington with 131. But then you come in here with White at 158, another one just east of Pulaski at 116, one north at 114, then a couple with 72, 83, and 85, and the whole rest of the State is under 30. So you have—it looks like almost 65.

Mr. RUTLEDGE. Now, is that a total for 3 years?

Mr. SOUDER. Yes. It's a total for 3 years. And that's a tremendous concentration around this population area. Now, do you feel that—I mean, maybe what we're looking at is in Arkansas being more mature in meth where it's been evolving toward that. Can you tell whether that trend has increased toward the latter part of 2003 as opposed to the first part?

Mr. HOWARD. Yeah, I think the records reflect that. If you went back to, say, 1995 and compared the number of meth labs in just, say, Pulaski County, it's going to be an increasing number. And probably increasing at an increasing rate. That would be my guess, if you went back and looked at the figure for each year leading up to 2003.

Mr. SOUDER. In other words, it might start in rural areas, but then it will move into Fort Smith and Sebastian and Benton are populous counties, it will start to move to them, and then when it hits Little Rock, it just goes exponentially.

Mr. HOWARD. Yes. And——

Mr. SOUDER. I mean, 708 is just a huge number compared to the other counties around.

Mr. HOWARD. And just a few years ago, down in the southwest corner, Miller County, shows 74——

Mr. SOUDER. Uh-huh.

Mr. HOWARD. Not that many years ago, there were one or two labs. And now it's moving in the south.

Mr. SOUDER. And when you see a trend toward more labs, do you also then start to see a bigger lab where you would see—instead of an ounce, do law enforcement start to see guys banding together where you have more lookouts as opposed to an individual? I mean, is there a logical progression as the market builds, large organizations start to move into the market, and then trafficking organizations will move in? Or do you see the reverse, as the traffic organizations are in selling the stuff and then they decide to cook it themselves? I'm just wondering if there's a pattern to those in reality.

Mr. RUTLEDGE. I don't know.

Mr. HOWARD. I have an opinion on that. You have isolated incidents where folks have large mom and pop labs, but I'm not sure if—David, is there a pattern at work.

Mr. GIBBONS. I haven't seen one. When I first started—when I first recognized this problem, I tried to make it that way. I tried to make it an either/or, you know, either it's distribution or it's manufacture, and I didn't see that. We had a big distribution orga-

nization from the State of California, Tulare County, California, into Pope County, and it didn't seem to have much effect on the lab, you know, either people who make it, you know, or distributed it. And the connection between Tulare County, California, and Pope County, Arkansas, was relatives. You know, just happened to be someone who had relatives back in Russellville and was coming here to meet with relatives. And it was a tremendous amount.

Mr. SOUDER. Mr. Howard, do you have any suggestions for how you deal with 1,000? How are you going to deal with this? Your backlog is 1,000?

Mr. HOWARD. It is. And one thing that we're looking at is our analysts are conducting some training with crews at the Criminal Justice Institute to educate the first responders on dealing with meth labs and also in sampling and packaging. And we're hoping that through that, we're going to decrease the number of times our guys have to respond to the field. That would increase the time that was spent in the laboratory actually analyzing cases.

We've discussed a little bit involving the Criminal Justice Institute in further training of meth certified personnel. Right now in Arkansas, in order for a person to be trained to be meth—clan lab certified, you either have to attend training in DEA headquarters in Quantico, which is a long waiting period, waiting list, and/or wait on the Arkansas State Police to put on a training program for certification or recertification. And those are the only two sources for having folks certified to enter these labs. So if—and this has just been a talking stage.

If we could get the Criminal Justice Institute involved in training and certifying these folks, it would increase the number of people available to respond to these labs. And from the laboratory standpoint, that would increase time our guys can spend—and our girls, can spend in the lab.

Mr. SOUDER. Are you the biggest problem with congestion in the judicial system? I don't mean you personally.

Mr. HOWARD. Yes, I know what you mean.

Mr. SOUDER. Because your testimony is that some people will be on bond, and they'll be arrested for additional crimes before they come to the charge, and the question is that the sheriff's got his people tied up sitting out there where they're not able to arrest other things when they're sitting out there a long time. But then once he gets all the information in, I mean, in some places, because we don't have enough judges, we don't have enough U.S. Marshalls to move the people around, we don't have enough prisons to put the people in, we don't have enough prosecutors to prosecute. We have all those different things, but are you so backlogged that you're now the problem in the system.

Mr. HOWARD. That's part of it. There's a bottleneck there, but there's also a bottleneck in the judicial system with enough cases that are on—you know, waiting to be tried there. And in some cases, and I can't give you specific, but it's not uncommon for a person to be arrested for manufacture of methamphetamine and bond out and, literally, 10 days later, they're arrested again. There's no way that—I mean, they couldn't be tried in that length of time, so—you know, so it's a—yes, the crime lab is part of the problem because of the backlog, but, I mean—and the backlog not only in

the illicit lab section but every other section of the State Crime Lab. And it's a problem with crime labs nationwide. It's not just limited to Arkansas.

But, yes, we are a problem, but part of it is these folks are out there, as soon they can hit the door, they're at it again.

Mr. SOUDER. Does the bond go up?

Mr. HOWARD. Yes.

Mr. SOUDER. They increase the bond limits each time?

Mr. RUTLEDGE. This is a real problem, and I found this when I was a prosecutor and judge, I think most prosecutors have across the State. Before that person that manufactures ever goes to the pen or gets convicted or pleads or whatever, I'm going to guess that they will be arrested three times for manufacture and bond out until the bond gets so high that they can't do it, and then they go on and plead guilty or something.

But so often, and you'll find this, and I think David will back me up on this, is that the fourth offense is the—you committed that before you ever plead or get to trial because of the backlog.

And one of the suggestions that I had put in my proposal that may or may not have anything to do with your committee's responsibility is the idea of requiring as a condition of bail that the people with the drug problems, and especially the meth problems, be restricted and be required under the threat of being incarcerated quickly, to go into treatment or to some other method where they can be monitored for drug use and—while they're out on bail.

Mr. SOUDER. Uh-huh.

Mr. RUTLEDGE. Could be a way to get them back to jail if they're getting out of the pen.

Mr. SOUDER. Yeah. One of problems that we have, and I'll conclude with this, or Congress Boozman can, one or the other. One of the problems we had that's unlike other drugs, this drug is costing taxpayers far more money because if we're having to do the drug lab, you're having to do multiple research with it, taking more days to prosecute, tying up six policemen at the scene, and the people who are doing it probably don't have a lot of money that we're going to be able to recapture for funding it, so we've got to figure that out, and the bonding or a drug test.

And the way the Federal Government could do it is if the State gets any additional money from methamphetamine for their drug labs, whatever they have to show that they have a State law that will, in fact, not force the American taxpayers to do three cases on one guy, when they should have had him the first time. That either through a higher bond or a higher risk or a drug testing followup or a drug treatment program with drug testing, that, basically, says that, "Yes, we're going to let you out, and you are a high reasonable suspect." I mean, he likes fleeing.

If you're going to do it, it would be a similar thing of on bonding whether this person is going to flee the scene because the taxpayers have to go back in there three times to clean it up. This isn't free, and he isn't going to pay for it, because he doesn't have the assets to pay for it.

We've got to figure out some creative ways to bring some more pressure on them because we can't sustain the dollars to do the clean up, and policing and stuff if this thing continues to increase

at a double and triple rate, how would we even begin to do it? Congressman Boozman.

Mr. BOOZMAN. I just had one last thing. This is such a horrible drug mentally and physically. When you look at people that have been on the drug for extended periods of time, it doesn't take a rocket scientist to know, you know, that normal persons become very dysfunctional as you mentioned. You know, sometimes for those individuals we're going to have to pay a significant cost through nursing care or whatever. We've had other drugs that have been very popular.

I was in college in the late 1960's, early 1970's, LSD, some of those things were very popular, and because of their side effects, they ran their course.

I guess the only question I would have is, you-all are out there fighting the battle; where do you see this thing? Are we this way (indicating) and maybe leveling down a little bit? Statistics don't indicate that, but your gut feeling out in the field, are we still going straight up or—I'm just going to start with you, Mr. Gibbons.

Mr. GIBBONS. Well, Congressman, yeah, it does seem as if we are going straight up, and someone touched on it, you know, it's an unusual drug in the sense that it appears to be some sort of sexual component on the females. The women of our society are really drawn to it. When I first started practicing criminal law as defense counsel, you never saw a women in criminal court. And now, gosh, it's normal and that doesn't even account for hot checks or forgery that they—you know. So maybe through education, you know.

Some of the children now, I'm sure, are seeing their mothers without keeping their—it's a terrible price they pay for this. But it's going to take an effort. I don't see it leveling out of its own accord. No, sir, I don't. Not in my district.

Mr. RUTLEDGE. I see a potential for leveling statewide, but the problem with meth is the—unlike the LSDs and all those other things that you had to buy from somewhere else, you know, even—you know, back again to our problem which is you can produce this in your bathtub or in your back yard or in your—you know, with the stuff you can buy over the counter. And you can't do that with most drugs, you know. And now we're seeing a lot of other club drugs and things like that are equally bad, but they don't have the environmental devastation or the paranoid destruction that comes with this one.

Mr. BOOZMAN. Thank you-all.

Mr. SOUDER. Thank you very much. The committee will stand a few minute's recess for the stenographer to rest her fingers, and we can break and recess for 5 minutes, please.

[Recess.]

Mr. SOUDER. The subcommittee will come to order. Will the third panel please come forward. The Honorable Mary Ann Gunn, circuit judge, Fourth Judicial District; Mr. Larry Counts, director of Decision Point drug treatment facility; Mr. Bob Dufour, director of professional and governmental relations from Wal-Mart; Mr. Greg Hoggat, director, Drug Free, Rogers-Lowell, Mr. Layne Kidd, president of the Arkansas Trucking Association; Dr. Merlin Leach, executive director of the Center for Children and Public Policy, and Mr. Michael Pyle.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that all witnesses responded in the affirmative. We thank you for your patience. As we can tell, we've had a very interesting hearing. We're looking forward to your testimony. Your full testimony will be in the record. If you want to summarize what you have as your written testimony and add any comments on what you've heard thus far or stick to your script, either way will be fine. We'll start with Judge Gunn.

STATEMENT OF MARY ANN GUNN, CIRCUIT JUDGE, FOURTH JUDICIAL DISTRICT, FOURTH DIVISION

Judge GUNN. Thank you. For the record, my name is Mary Ann Gunn, and I'm a circuit judge in the 4th Judicial District in Washington and Madison County, and I'm based in Fayetteville, Arkansas.

First, let me tell you, Mr. Chairman, and, Congressman, how much I appreciate the opportunity to testify today. It's truly an honor and a privilege. And your staff members have been wonderful.

I am the drug court judge for Washington and Madison Counties. Now, I will tell you it's on a voluntarily basis only. We started with volunteers in 1999. I did not, when approached and asked to be drug courtjudge, I was not interested. I felt very strongly that if you commit the crime, you need to do the time. And I was not sympathetic to drug abusers. But I'm still there, as you can tell.

But our program is a prejudication diversion program. And if a person is charged with a felony and has a drug problem at all, it is entirely up to the prosecuting attorney to determine solely if that person is eligible for drug court.

Now, if there's any violence in his or her background, or if he or she is a trafficker, drug court is shut to that person. They're not allowed into drug court. After an extensive assessment, psychological assessment through our treatment team, and a defendant is approved for drug court, then they're transferred over to the program.

Now, it is a 9-month long program, and it demands a lifestyle change. It is a community-based program, and it's a privilege for the candidate to be in the program because if they successfully complete it and graduate, the charges are dismissed. If they're terminated, I send them to the pen.

Inside that 9 months, they must complete 136 hours of group therapy sessions, 148 hours of outside AA or NA meetings, they must submit to at least 78 drug—random drug screens, they must maintain full-time employment or be a full-time student. They have to complete 10 hours of community service. If they don't have their GED, they better secure it, or I'm not going to graduate them. And if they don't have a valid driver's license, they must have their driver's license reinstated. They must also complete 36 hours of individual counseling, and whatever that counselor recommends, anger management or family counseling, they must complete it.

They also have to do 36 hours of moral reconation classes. And after all that is said and done, the lifestyle change dramatically, it must be in place, and then I will graduate them from the program.

We currently have a capacity of 108, and we have 120 in the program, and 35 waiting assessment. Our retention rate in the program is 85 percent, and our recidivism rate is 12 percent. These folks, at least the ones that we've graduated, have not been subject to recidivism, are paying for their own housing and their own food, and their own utilities, as opposed to being housed in the penitentiary.

But I would like to also address with you after what I've heard today my opinion on prevention. About 2 years ago, I went to a high school, and I was talking to the children about drug court. And they were yawning. So I asked them, and this the high school, full high school, 630 students, and I asked the students how many of them began—either smoked marijuana or had been with someone that smoked marijuana. And almost every hand went up. And I asked them the same question regarding alcohol use, and the same hands went up. When I asked the children about methamphetamine, if they had used it or been with someone who used it, about a third, a little less than a third of the hands went up.

So I went back recently and determined that the median age for drug—for meth use in people that have gone through drug court, and we've treated a little over 500 people, is 19 years old. Their drug usage began anywhere from the ages of 5 to 13 or 14. So we started going to the schools, and we have held drug court in 13 schools on 22 different occasions. I asked every school the same questions that I asked the first school, and I get the same answers from the students.

And I will tell you that the last school we went to in this school year, a little boy came to me after it was over, and he said, "My best friend wants me to use methamphetamine. What should I do?" and I said, "Well, now you understand what peer pressure means." He had big old tears in his eyes, and he said, "Yes, but he's my best friend." And I said, "Well, son, he's not your best friend. Not anymore. He's a drug addict." And a light went on with this child. And he was—it was like—he said, "You're right." He said, "Thank you." I knew that he wouldn't try methamphetamine, because it became crystal clear to him that it wasn't cool to use meth, that if we can reach these children in the schools and teach them that drug usage at any age is not cool, and you will find yourself sick and diseased, then I think we've reached our goals. And I'm out of time. Thank you very much.

Mr. SOUDER. Thank you.

[The prepared statement of Judge Gunn follows:]

One Hundred Eight Congress

Congress of the United States
House of Representatives

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

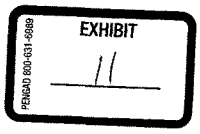
"Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

Bentonville, Arkansas Field Hearing
June 28, 2004

Report Submitted By:

Judge Mary Ann Gunn
Circuit Court Judge in the Fourth Judicial District,
Fourth Division for Washington and Madison Counties

Fayetteville, Arkansas



Introduction

My name is Mary Ann Gunn, and I am Circuit Court Judge for the Fourth Judicial District, Fourth Division for Washington and Madison Counties in Arkansas. Since 1999, I have also served as the volunteer drug court judge in both counties.

Abuse

After taking office in January of 1999, I was approached by a group of individuals concerned with the rapid increase in the manufacture and use of methamphetamine in our region. At that time there was no treatment option for defendants entering the criminal justice system primarily as the result of drug addiction. I had little sympathy for drug addicts and subscribed to the belief that if an individual committed a drug-related crime, they should spend time in jail. In spite of my reluctance, the group convinced me to temporarily volunteer as Washington County Drug Treatment Court judge. I concluded something had to be done.

Approximately 85% of all crimes committed in Washington and Madison counties are drug-related. Arkansas' jails and prisons are full. Many of the inmates are addicts convicted of non-violent crimes. They generally work through the system without addressing the problem that brought them into the criminal justice system. This leads to repeat offenses.

The convening group of concerned individuals consisted of Mr. Larry Counts, Executive Director of Decision Point, Inc., a local drug treatment facility; Judge William Storey of the Fourth Judicial District Circuit Court Criminal Division; Mr. Denny Hyslip of the Washington County Public Defender's Office; Mr. John Threet of the Washington County Prosecutor's Office; Ms. Mary Ann Hudson of the Washington County Public Defender's Office, and other members of the community, including representatives from the University of Arkansas in Fayetteville.

The group set out to address the fact that methamphetamine abuse had become rampant in the area. It was not being successfully addressed through incarceration alone. The swinging-door of punishment, release, and re-conviction was ineffective in stemming the growing tide of methamphetamine abuse.

Soon after agreeing to serve as the temporary judge for the new drug court, I concluded that the methamphetamine abuse in Washington County was not going to decline without individualized treatment for the addicts who were willing to change.

It is now five years since I temporarily volunteered to serve as the drug court judge. I stand firm in the belief that the most effective means of dealing with drug addiction is treatment. The message of prevention is a key

factor in shaping the future of the addiction-related, non-violent crime in Arkansas.

Treatment

The drug court's approach to treatment demands a drastic lifestyle change. To enter the program, a candidate must be charged with a non-violent, drug-related felony. Most candidates have an extensive drug history. (See Exhibit A). Drug traffickers are not allowed entry. The Prosecuting Attorney makes the final decision regarding which defendants will be allowed into the program. A candidate undergoes a psychological assessment including subjective and objective testing. The individual must express their commitment to lifestyle changes. Then and only then is a final decision made to admit the candidate into the treatment program.

Our program is pre-adjudication and diversionary in nature. The criminal charges brought against a participant remain in place during the treatment phase and are dismissed only upon successful completion. We consider it a privilege to participate in drug court. The requirements for completion of the treatment program are challenging. Any failure to meet a requirement is subject to immediate sanction from the Court.

The requirements for successful completion of the 3-phase, 9-month Washington and Madison County Drug Treatment Court program are as follows:

- Phase I – Intensive Phase – 3 months
  - 48 2-hour group therapy sessions
  - 12 1-hour individual counseling sessions
  - Anger management classes if recommended
  - 36 random urine drug tests
  - Random weekend urine drug tests
  - 9 hours minimum in court
  - 24 outside 12-step (AA or NA) meetings
  - 4 Moral Reconation assignments and 8 hours in class
  - Completion of GED TABE/Pre-test (if applicable)
  - Full-time employment or full-time student status
  - Minimum 80% timely achievement of treatment plan goals
  - Must have Court approval to graduate to Phase II
- Phase II – Adaptation Phase – 3 months
  - 36 2-hour group therapy sessions
  - 12 1-hour individual/family counseling sessions

- Mental or medical evaluation if applicable
  - 24 random urine drug tests
  - Random weekend urine drug tests
  - 9 hours minimum in court
  - 36 outside 12-step (AA or NA) meetings
  - 4 Moral Reconation assignments and 8 hours in class
  - Completion of GED Pre-test (if applicable)
  - Full-time employment or full-time student status
  - Minimum 80% timely achievement of treatment plan goals
  - Candidate must have Court approval to graduate to Phase III
- Phase III – Assimilation Phase – 3 months
  - 24 2-hour group therapy sessions
  - 12 1-hour individual/family counseling sessions
  - 12 random urine drug tests
  - Random weekend urine drug tests
  - 48 outside 12-step (AA or NA) meetings
  - 4 Moral Reconation assignments and 8 hours in class
  - General Equivalency Diploma (if applicable)

- Full-time employment or full-time student status
- Minimum 80% timely achievement of treatment plan goals
- Payment of all restitution if applicable
- 100% current on all fees
- Completion of 10 hours of community service
- Reinstatement of a valid driver's license if applicable
- Client is allowed to graduate only upon Court review

Each participant's progress is carefully monitored on a daily basis. Drug court is held every Monday, and on three Fridays of each month. Each failure to adhere to specified treatment plan goals is immediately addressed. Sanctions are given for non-compliance. Examples of sanctions are: residential treatment, jail time, highway clean up, added outside 12-step meetings, community service, increased random drug testing, and increased counseling sessions. In rare circumstances, participants have been placed in long-term care facilities such as Life Academy, a faith-based treatment center in Naples, Florida. Failure to comply with the requirements of the program is grounds for termination.

For the last three years, the Washington and Madison County Drug Treatment Court has been fully funded by the Arkansas Department of Health, the Department of Human Services' Alcohol and Drug Abuse Prevention Program, and the Department of Community Corrections. Our program has the capacity to treat 108 individuals. Currently, there are 121 candidates active in the program. Twenty-eight defendants are awaiting transfer to drug court. We cannot define our need at this time because the number of people in the program has grown so fast.

There have been 228 graduates from the program. Our retention rate is 86% and the recidivism rate is 8%. These results are proof that the drug court program works. Physical evidence of this exists as well; the "before" photographs (the arrest photo) and "after" photographs (the graduation photo) of drug court participants represent the literal physical and emotional change many graduates undergo after they have received treatment. (See Exhibit B).

The individuals involved in the treatment program receive benefits through education, counseling, and stable employment. The costs of the drug court program to the State are dramatically lower with treatment than if each participant was incarcerated. The costs of the drug court program is

$2.97 per participant per day. If that same individual were incarcerated in Arkansas, the cost to the State would be about $44.11 per day.

Prevention

The things I learn from drug addicts and their families frequently astonish me. Almost every participant reports that he or she started using some variety of drugs at a very young age. Drug usage typically begins between 5 (five) and 15 (fifteen) years of age. Generally those who have reported using methamphetamine tell me that they first used this drug later in life, usually between 18 and 20 years of age. The participants report their drug associates include friends, family and co-workers, or all three. In order to prevent the use of any drug, and especially methamphetamine, it is important to reach our children early. Prevention is attainable through education.

In 2002, I was invited so speak about our drug court program at Huntsville High School. We presented information about how the drug court system works. I asked the students how many of them had consumed alcohol or had been with a friend when that friend consumed alcohol. Of 603 students, 599 of them raised their hands in the affirmative. When I asked how many of the students had smoked marijuana or was with someone using the drug, the result was the same – 599 of the students raised their

hands. At least one-third of the students admitted they had used or been exposed to methamphetamine. When I asked the students what could be done to stop this situation, one student responded simply, "Look deep into our eyes." In an effort to prevent drug usage, we must pay attention to the group of people at the greatest risk of trying drugs for the first time – middle school and high school students.

The response to the session at Huntsville High School convinced me that it might be of benefit to allow middle school and high school students to experience drug court firsthand. It was not feasible to bring each area student to the courtroom, so we took the courtroom to them. Since 2002, we have convened drug court at 13 local schools on 21 different occasions (see Exhibit C). These educational sessions are now considered a vital part of the prevention message our drug court wishes to convey.

Recently at a local high school, a young man approached me and told me that his best friend had asked him to use methamphetamine. He asked me what I thought he should do. I told him that he had to realize that his best friend had a serious drug problem. I advised him to stand up to peer pressure and make good decisions. He realized his best friend was most likely a drug addict and physically reacted with revulsion. This opportunity would not have presented itself if drug court had not come to the young

man's high school. Our office has received over 2,000 letters from students with problems similar to this young man. Many students are faced with drugs on a daily basis, and have relayed that seeing what happens to drug addicts in "real life" has convinced them to never use. (See Exhibit D).

Holding drug court in the local schools has created an awareness of the program and its function where none existed before. For the first time, students learn drug use is not "cool," but that it actually has horrible consequences. In each school we have held court, the students have given the same response to the questions I asked at the first school, Hunstville High School. I am continually amazed with their candor and shocked to find that 99% of students are either using drugs or know someone that is using drugs. We are just beginning to see the educational benefit of making drugs "uncool." We need to continue to change the way young people perceive drug use. Families are hearing about drug courts from their children, allowing dialogue about drugs that might not occur otherwise. The potential audience is literally thousands of individuals. As beneficial as treatment programs can be for addicts, I believe that first-hand education can have even greater effects on the demand for drug use.

Conclusion

The methamphetamine problem Arkansas has been facing for so long can be addressed in two ways. The State can build more prisons to house drug addicts at a cost of millions, or we can offer non-violent drug addicts the option of treatment. No program can be successful in completely eradicating the drug problem in our State. Drug courts are, however, an effective way to turn addicted, non-violent criminals into productive and taxpaying citizens, who actually earn their own money to pay for housing, utilities, and food.

We need to treat our addicts. Perhaps, more importantly, we need to dry up demand. The median age we have seen methamphetamine use begin is 19 years old. We have a window of time to turn the tide before our young people become addicted to methamphetamine and end up in adult courts and penitentiaries. We do it through education, and the cost is minimal.

Thank you for the opportunity to appear before this committee. I consider it both an honor and a privilege.

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class 2*	21	503 W. Price Ave. Springdale, AR 72764 (lives w/father & brother	Single	Small Jobs
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanctions (# of times)***
	11/2/82	479-313-2887 (cell) 479-502-1497 (Aunt's cell)	0	

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
10th grade	6/1/2004	Suspended	Family ☐ Friends ☒ Co-Workers ☐ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Ann Donovan (521-7481) Bond: Unknown	Methamphetamine ***Current Charges*** **CR 2004-187** Poss. Cntrl. Sub. (meth)-C **CR 2004-353** Poss. Cntrl. Sub. (meth)-C ***Prior Charges*** Poss. Cntrl. Sub. (Marijuana) (A Misdemeanor), Rogers Mun. Ct. 9/14/01	Nicotine-10 Alcohol-13 Cannabis-13 Amphetamines-16 (Aterol, Black Beauties & Yellow Jackets) Benzodiazepines-17 (Xanax, Valium & Klonopin) Cocaine-17 Inhalants-17 (Paint) Methamphetamine-17 Narcotics/Opiates-18 (Vicodin, Codeine, Opium, Percocet, Oxycontin & Demerol) Barbiturates-19 (Quaaludes) Club Drugs-19 (Ecstasy)

Exhibit A 1

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class 2*	36	2089 Busch Street #1 Fayetteville, AR 72702	Separated	Judy's Carpet Cleaning
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanctions (# of times)***
	3/8/68	479-751-2373 (work) (no home #)	0	

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
HS Diploma - 1985	06/11/2004	No, due to unpaid fines	Family ☐ Friends ☐ Co-Workers ☐ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Bruce Bennett (273-0335) Bond: $3500 reinstated 6/14/04	Cannabis & Methamphetamine ***Current Charges*** **CR 2002-2249 (Revoke)** Probation Violation ***Prior Charges*** Poss. Cntrl. Sub. (meth), 3/26/03 Wash. Co., (this is one transferred to drug court); Theft by Receiving (A Misdemeanor), Springdale Court, 11/14/03	Alcohol-12 Cannabis-12 Nicotine-12 Hallucinogens-18 Cocaine-23 Methamphetamine-23 ***History of IV Use (meth)***

Candidate Information Sheet

Name	***Age***	***Address***	***Marital Status***	***Employer***
[redacted] ***Class 2***	30	115 Roberts St. Westfork, AR 72774 (lives w/girlfriend and son)	Single	Bob Main Construction
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanction (# of times)***
	09/05/1973	479-839-8299 (home)	1 ***son 4 yrs. (Andrew Blake)***	1

Level of Education	***Transfer Date to Program***	***Valid Drivers' License***	***Drug Associates***
HS Diploma		Yes	Family ☐ Friends ☒ Co-Workers ☐ Other ☐

Miscellaneous Information	***Drug of Choice***	***Drug History***
Attorney: Cathy Norwood (361-1010) Bond: $5,000	Cannabis & Methamphetamine ***Current Charges*** **CR 2003-1969** Poss. Cntrl. Sub. (meth)-C Poss. Cntrl. Sub. (marijuana)-A Misdemeanor **CR 2003-707** Poss. Cntrl. Sub. (meth)-C Poss. Cntrl. Sub. (Hydrocodone)-C Poss. Cntrl. Sub. (marijuana) - A Misdemeanor ***Prior Charges*** None	Amphetamines-17 Cannabis-17 Alcohol-18 Methamphetamine-18 Narcotics/Opiates-18 (Percodan) Hallucinogens-20 (LSD) Benzodiazepines-24 (Xanax & Valium) Cocaine-28 Nicotine-28

Candidate Information Sheet

Name	***Age***	***Address***	***Marital Status***	***Employer***
[redacted] ***Class 3***	22	Sunrise Inn #209 Springdale, AR 72764	Single	Sunrise Inn
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanctions (# of times)***
	4/30/82	479-756-1900 ext. 209 (home) 479-313-0362 (cell)	2	

Level of Education	***Transfer Date to Program***	***Valid Drivers' License***	***Drug Associates***
GED 2001	6/22/04	Never had & owes fines due to driving w/o DL	Family ☐ Friends ☐ Co-Workers ☐ Other ☐

Miscellaneous Information	***Drug of Choice***	***Drug History***
Attorney: Mike Hodson Bond: $3500 - Bud Dennis	Methamphetamine ***Current Charges*** **CR 2003-2196** Mfg. Cntrl. Sub. (meth) - Class Y ***Prior Charges*** No prior felony convictions	Alcohol-13 Cannabis-13 Methamphetamine-13 Nicotine-13 Hallucinogens-14 (LSD) Cocaine-18 Methadone-18 Narcotics/Opiates-18 (Oxycontin & Dilaudid) Benzodiazepines-20 (Xanax & Valium) ***History of IV Use (meth & cocaine)***

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class 3*	21	15682 Greasy Valley Prairie Grove, AR 72753 ***(lives w/mom,*** [redacted]***)***	Divorced	Holland Nursing Home
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanctions (# of times)***
	02/02/83	479-848-3868 (home) 479-435-1150 (cell)	1, ***5 year old daughter***	0

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
Completed 7th grade	04/03/2004	No, suspended due to unpaid fines	Family ☐ Friends ☒ Co-Workers ☐ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Erwin Davis (521-1122) Bond: Unknown drugs w/boyfriend (husband) now in prison	Methamphetamine ***Current Charges*** **CR 2003-737** Del. Cntrl. Sub. (meth) - Y **CR 2003-1592** FTA - C **CR 2003-1851** Mfg. Cntrl. Sub. (meth) - Y Poss. Cntrl. Sub. w/i Del. (meth) - Y Poss. Anhydrous Ammonia in Unlawful Container - B Poss. Drug Para. - C ***Prior Charges*** No prior felony convictions	Cannabis-13 Methamphetamine-13 Nicotine-13 Alcohol-18 Amphetamines-19 (Yellow Jackets) Barbiturates-20 (Soma) Benzodiazepines-20 (Klonopin) Club Drugs-20 (Ecstasy) ***History of IV Use (Methamphetamine)***

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class 1*	47	P.O. Box 24 West Fork, AR 72774	Separated *(wife, Debbie)*	Danaher (Manpower)
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanction (# of times)***
	10/03/1956	479-839-3262 (home) 479-879-8022 (cell)	1-[redacted]	3

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
GED 1997	07/10/2003	Yes, 2/2/04	Family ☒ Friends ☒ Co-Workers ☒ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Bo Morton (479-587-9988) Bond: $5000, c/cs (7/14/03)	Methamphetamine & Cannabis (secondary) ***Current Charges*** **CR 2002-1974** FTA - C **CR 2002-1400** Poss. Drug Para. W/Intent Mfg. - (meth) - B **CR 2003-771** Poss. Cntrl. Sub. - C Poss. Drug Para. - C	Inhalant-7 (Gasoline, Paint Nitrous Oxide) Alcohol-10 Cannabis-12 Nicotine-14 Hallucinogens-15 (LSD, Mushrooms, Mescaline) Barbiturates-16 (Quaaludes, Soma) Benzodiazepines-17 (Valium) Cocaine-18 PCP-18 Amphetamines-21 (Black Beauties, Yellow Jackets, White Crosses, RJS) Methamphetamine-35 Ecstasy-38 Heroin-38 Narcotics/Opiates-40 (Oxycontin, Dilaudid) ***History of IV Use***

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class 2*	29	2914 N. 56th Street Springdale, AR 72701 *(lives w/parents [redacted] & daughter)*	Widowed	Allen's Canning Company
	Date of Birth	*Telephone Number*	*No. of Children*	*Set for Sanction (# of times)*
	03/19/1974	479-502-4671	2, *Tiffany-7 Kaylee Jane-3*	1

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
completed 11th Grade	01/09/2004	No, suspended, 5 yrs. in CA due to DUI fines not paid	Family ☐ Friends ☒ Co-Workers ☒ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Mike Hodson Bond: reinstated 1/26/04 $2500 c/cs [redacted]	Cannabis & Methamphetamine ***Current Charges*** **CR 2003-434** Poss. Cntrl. Sub. (meth) - C **CR 2003-1951** FTA - C ***Prior Charges*** None	Cannabis-12 Alcohol-13 Nicotine-13 Cocaine-15 Hallucinogens-16 (Acid) Inhalants-16 (Paint) Methamphetamine-16 Phencyclidine (PCP)-19 Club Drugs-23 (Ecstasy) Heroin-23 Amphetamines-25 (Aterol, Yellow Jackets& White Crosses) Benzodiazepines-25 (Xanax & Valium) Narcotics/Opiates-27 (Morphine & Oxycontin) ***History of IV Use***

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted] *Class* 3	42	703 Crutcher Spgdl., AR 72764	Single (20 yrs. same woman, Neomi Wagner)	Labor Finders
	Date of Birth	***Telephone Number***	***No. of Children***	***Set for Sanctions (# of times)***
	01/25/62	479-927-3663 479-502-3978	3, ages 20, 17 & 2 *(lives w/him)*	1

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
10th Grade - *4/5/04: took GED pretest one week ago - waiting on results*	05/22/03	No, suspended DWI - 1982 Arizona	Family ☐ Friends ☒ Co-Workers ☐ Other ☒ (age 5- Neighbors)

Miscellaneous Information	*Drug of Choice*	*Drug History*
Atty: Mike Hodson Bond: $5000 - Jack's Bail Bonding **(3/22/04 - arraigned on 03-1212 FTA - set for trial on 5/21/04)**	Methamphetamine ***Current Charges*** **CR 2003-155** Poss. Cntrl. Sub. (Cannabis & Meth - Class C) Poss. Cntrl. Sub. w/Intent Del. (Cannabis - Class C) Poss. Instrument of Crime (Class C)	**Alcohol**-5 **Cannabis**-10 **Nicotine**-11 **Cocaine**-12 **Amphetamines**-12 (Yellow Jackets, White Crosses, Black Mollies) **Hallucinogens**-12 (LSD & Mushrooms) **Phencyclidine**-13 **Barbiturates**-14 (Quaaludes) **Benzodiazepines**-23 (Valium) **Methamphetamine**-26 **Narcotics/Opiates**-30 (Codeine) ***History of IV Use***

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted]	[illegible]	[illegible]	[illegible]	[illegible]

Candidate Information Sheet

Name	*Age*	*Address*	*Marital Status*	*Employer*
[redacted]	36	Rogers, AR	Divorced	Greg Griffith
Class 1	***Date of Birth***	***Telephone Number***	***No. of Children***	***Set for Sanction (# of times)***
	05/21/67	479-531-6239 (work)	2	0

Level of Education	*Transfer Date to Program*	*Valid Drivers' License*	*Drug Associates*
HS Diploma 1986	02/11/04	No, suspended (FTA - Elkins & Springdale)	Family ☐ Friends ☒ Co-Workers ☒ Other ☐

Miscellaneous Information	*Drug of Choice*	*Drug History*
Attorney: Bo Morton (751-9988) Bond:	Methamphetamine ***Current Charges*** **CR 2002-2252 (Revoke)** Probation Violation - C (Poss. Cntrl. Sub. (meth)-C & Poss. Drug Para.-C) ***Prior Charges on next page***	Cannabis-9 Alcohol-12 Nicotine-13 Amphetamines-14 (Black Beauties, Yellow Jackets, White Crosses) Methamphetamine-15 Narcotics/Opiates-15 (Hydrocodone, Oxycodone, Percodan, Morphine, Opium, Lorcet, Percocet, Oxycontin) Cocaine-16 Hallucinogens-17 (Mushrooms) Benzodiazepines-24 (Xanax) Heroin-26 Methadone-34 ***History of IV Use***

Prior Charges

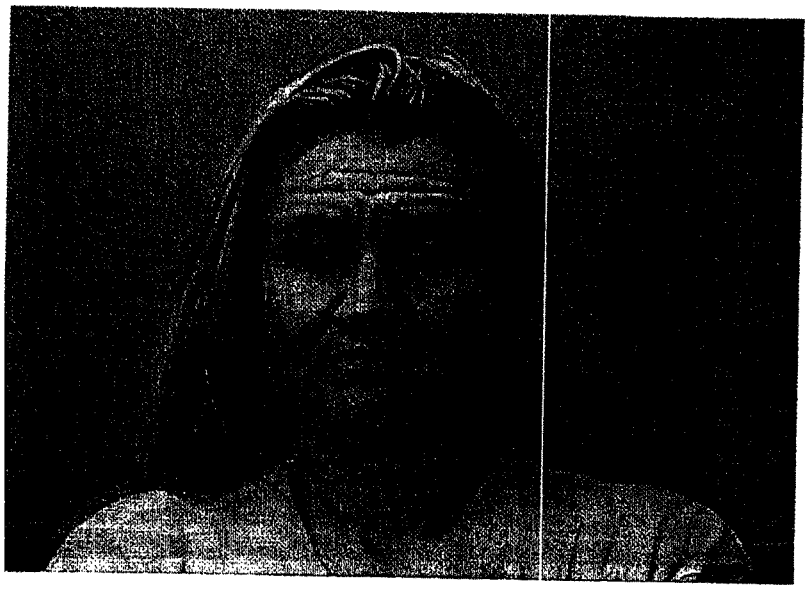


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Exhibit
B

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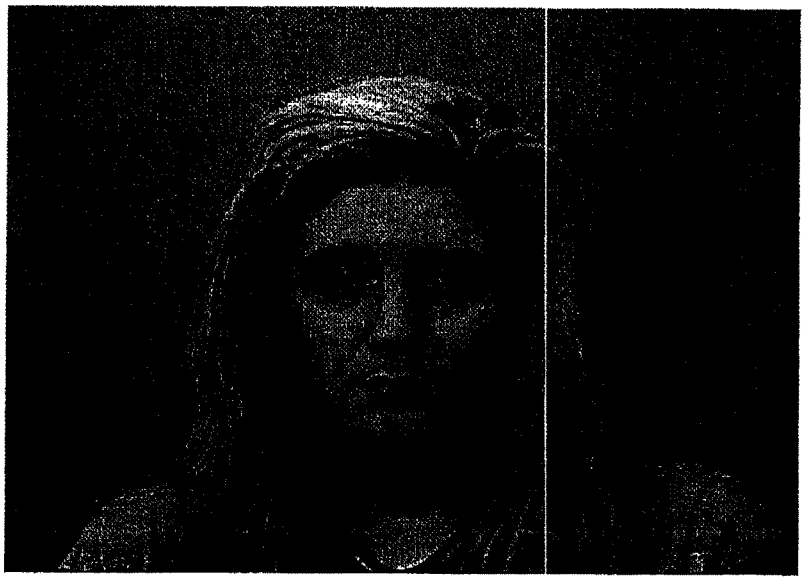

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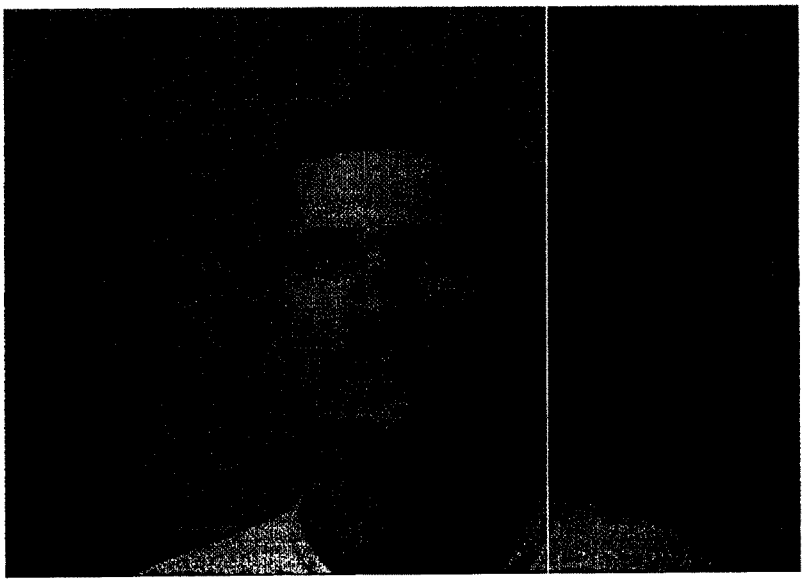

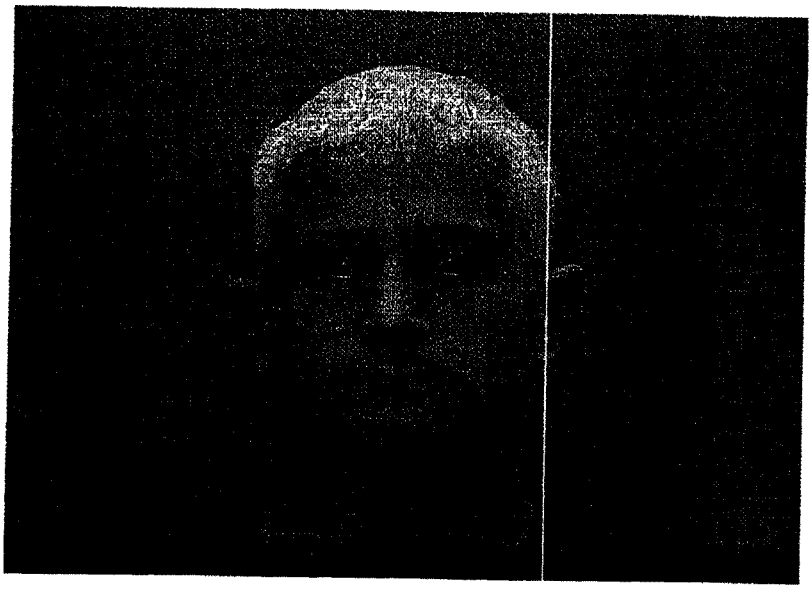

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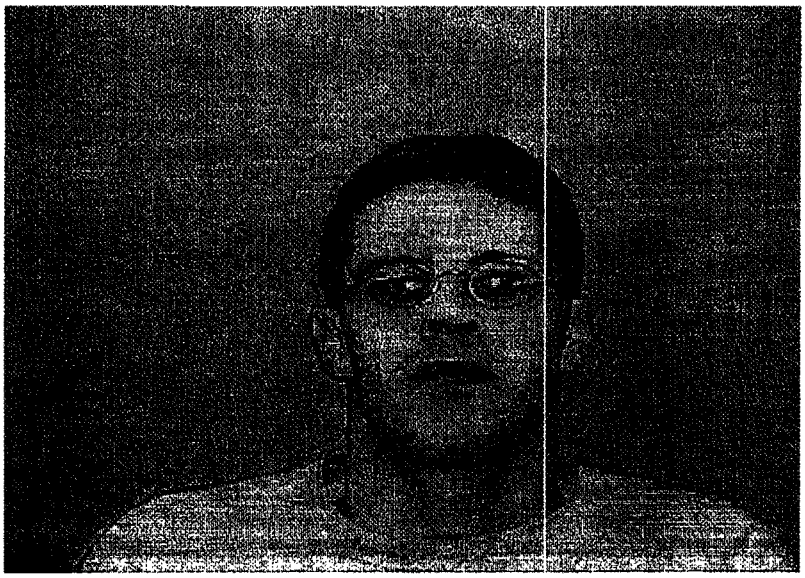
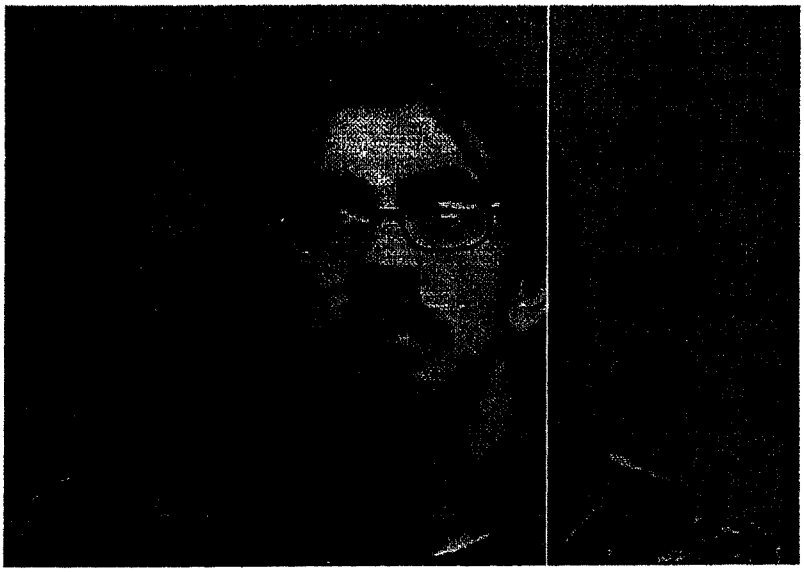
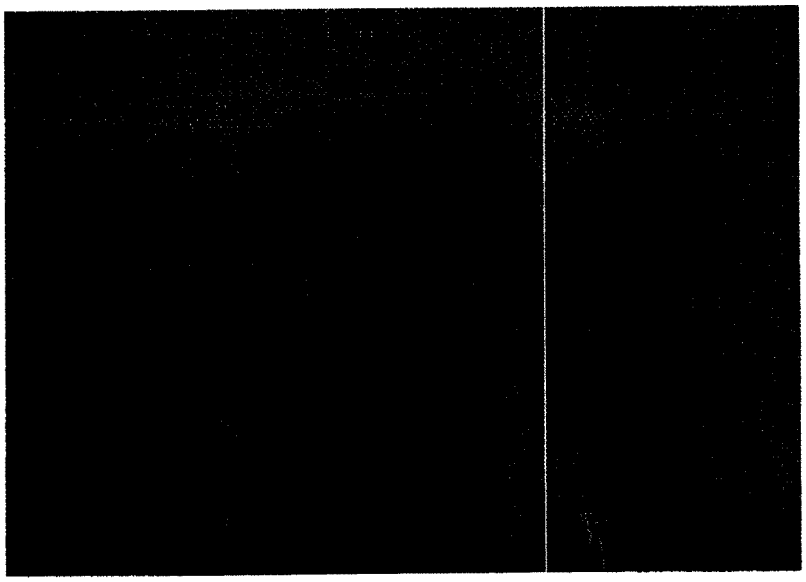






DRUG COURT SCHOOLS

ELKINS
(attended twice)

FARMINGTON
(attended twice)

FAYETTEVILLE WEST CAMPUS
(attended twice)

GREENLAND

HOLT MIDDLE SCHOOL

HUNTSVILLE
(attended twice)

LINCOLN
(attended twice)

PRAIRIE GROVE
(attended twice)

SHILOH CHRISTIAN ACADEMY

SPRINGDALE HIGH SCHOOL

ST. PAUL
(attended twice)

WEST FORK

WINSLOW
(attended twice)

Exhibit C

Emma K. Yingling
21441 N. Hwy. 71
Winslow, AR. 72959
(479) 634-3303

May 25, 2004

Judge Gunn
Drug Court
Washington County Courthouse
Fayetteville, AR. 72701

Dear Judge Gunn:

I am an 8th grade student of Winslow High School. You came to our school May 24, 2004 for Drug Court.

I think Drug Court helps a lot of students and it helps us realize the consequences of using drugs. We get to see how people are punished and what happens to them. I was excited when they told us you were coming.

It's odd that all the people started using drugs and drinking around 13 to 18. Most got it from their friends, but some of them got it from their family members! Why would you give drugs and alcohol to the ones you love? You know who your real friends are when you see that you "aren't cool" because you don't use drugs.

The experience of Drug Court shows you how all the people that made mistakes, were sorry. Some were crying because they knew they had made a big mistake. It's sad that they have been ruining their lives since the age of 13, and they realize more than ten years later, that they were doing something wrong. I'm glad those ones that knew they did something wrong are trying to fix their lives. I hope that someday they all forget the past and get a good job. I hope they have a family, if they can take care of one.

Thank you for coming to our school. I hope you come next year too. I think that Drug Court prevents teenagers from using drugs when we see how people are actually punished and what happens to your body after ten years of using drugs.

Sincerely,

Emma K. Yingling

Emma K. Yingling

1

Exhibit D

Heather M. Counce
351 S. Hwy. 71
Winslow AR. 72959
(479)634-3913

May 25, 2004

Judge Gunn
Drug Court
Washington County Courthouse
Fayetteville AR. 72701

Dear Judge Gunn:

I am a student at Winslow high school. Yesterday you brought drug court to our school. I thought that it was really great. I think it convinced a lot of kids not to do drugs. Seeing those people and hearing their stories made me want to do the right thing.

I know people who used to do drugs. I think they still do but I haven't seen them in a while. I know that they got in a lot of trouble. I don't want to end up like them and I think that making the right choices now will make all the difference. I noticed that all the people that were in court started doing drugs when they were my age and they mostly got it from friends.

That's why I think you should come back next year. Its important to show kid like us what can happen when you don't make the right choices. Plus I like to get out of class for stuff like that! So come back next year and get us out of class!

Sincerely,

Heather Counce

Heather Counce

4/5/04

I believe that Drug Court is an excellent opportunity for people who have decided to change their ways. It allows the people to change and stay with it. I see those people who are at loose and it leaves a good feeling inside me. I love to see people change for the better. Drug Court, I believe, is good to have at our high School, because it opens the students' eyes and makes them realize what will happen if they take that path. I heard students commenting when they came out of the gym today. I heard one comment from a young lady saying that it "opened her eyes." If there is one person who says it, just imagine how many people think it. I believe that Drug Court should continue to come to Lincoln High School.

Judge Gunn

① Drug court made me feel really sad because of all those people who's been doing drugs since they were 5. I feel really good about Herbert graduating their program. All of those people has been doing drugs and drinking since they were little kids and i think they should have thought about what they were risking / doing before they did those drugs. Drugs have affected life because i smoked and i have family members who still smoke. But every time i get offered weed from friends or strangers i just say NO. Because when i grow up i want to start my career in football with a clean and positive body and i cant do that if im smoking or drinking. So i really liked haveing the drug court at our school first time i've ever had something like that and i promise to keep my body clean and healthy.

Judge Gunn 5-25-0

The Drug court program helped me realize that I need to be Drug-Free. I saw all of those people who had been struggling with Drugs there whole life and look where they are. I think that Drug Court is a good opportunity for those people. Maybe all they need is that one little chance to get there life back on schedule. Prison really doesn't do a person any good, but it does do society some good. When you see a full grown person cry about drug problems you Know they are very powerful. There are so many people getting into trouble that you Know it could happen to anybody. After witnessing this program it made me want to do right and not get into any Drug problems.

Sincerly Brian Moore

5

Dear Judge Gunn,
I think You for coming to our
School and Showing us what drug
court was all about. I really
think You for teaching me and
helping me Say no to drugs.
I learned that if You mess up and
do drugs one time and get caught
You can go to Jail for life.
I think this program has helped
an amazing amount of people throug
out there life. I have also learne
that You have taught many peop
at winslow high school to say n
to drugs. This is the best
drug court I have ever Saw or
heard of as in teaching People
to say no to drugs. I have also
learned that people started doin
drugs around Six Years old. You
have taught me to tell mys
and others to Say no to drugs.
I really think You and hope
You can come back Soon.

Sincerely,
Jessie M. Leonard

6

Lindsay J. Wood
10619 W. Devils Den Rd.
Winslow, AR. 72959
(479) 634-3307

May 25, 2004

Judge Gunn
Drug Court
Washington County Courthouse
Fayetteville, AR. 72701

Dear Judge Gunn:

I am an 8th grade student from Winslow Schools and I attended your drug court on Monday, May 24, 2004. I am going to tell you all about my experience when I was watching. This is also going to tell you how it affected me

As I was sitting there waiting for you to come, I was thinking about what was going to happen this year. I remember that last year I had fun, but I didn't really relate to it as I knew I was going to this year. When you walked in the room, I got really nervous. I didn't know how to think. All I was thinking was, that could've been me. Let me tell you about my experience with drugs. When I was 12 or 13 I had a bad time dealing with my dad. He and my mother have been divorced since I was 3 and he really has not wanted much to do with me. It started getting to me at about this time, so every time I went over there, I left and went to get drunk. I loved getting away, my friends were always there for me. Then, one day they asked if I wanted a hit of joint, of course, I said yes. That was a beginning of a new Lindsay. I always wanted to go to dad's house because I knew that I would have fun. It started with weed, but soon led to ecstasy. Luckily, that was all it led to. I finally started to date a guy named Clay from my school. He was a gift from God. He did not do drugs and he did not want his girlfriend doing them either. He begged me to stopped and that is when I realized that hey, this stuff could kill me. I also realized that someone cared about me enough to get me to stop. This is why the drug court affected me. I realized that I could've been standing up there instead of those other people. I thank you so much for coming to share all of the court experience with us.

Thank you Judge Gunn
Sincerely,
Lindsay J. Wood
Lindsay J. Wood

Dear Judge Gunn

Thank you for comeing to winslow school and bringing the drug court here. I thank that I leared a good lesson. That lesson was to not ever do drugs because that can hurt you and put you in Jail or life in Prison. I also leared that if you don't show up for court you will get a warrent out for your arrest. I thank that it is nice of you to bring the drug court down here to winslow. My parents use to be drug addicts; you might even know them Joe Leonard, and Rachelle Leonard They are doing alot batter than what they were befor my dad went to prison. My Mom turned her self in at washington County, now she is out and not doing drugs or any thing else. I really like when yall come to our School and do the drug court thing. I thank this will help most of the kids here choose not to do drugs because the are not right. I hope that yall decied to come back to our school next year. I really enjoy watching you have Drug Court ever year.

Sinserly Michelle Leonard

7th grade

May 4, 2004

Dear Judge Dunn,

I thought that the court session what very informative because I would not want to spend my time going to all those classes and taking all the Drug Tests. That convinced me NOT to do drugs or drink alcohol.

Sincerly

Anonymous

Well, ~~at~~ drug court today ~~it had a reinstated~~ reinforced me, reasons for saying no to dope everytime I do.

10

It was sad to
see all those people
out there.

11

7

I think that drug court is a good program. It gives people a good chance to get their life going again. It was a good experience for me and I will never use drugs.

Mrs. Gunn,

I thank you for the experience of seeing drug court in Action. I have learned that doing drugs doesn't pay. I never plan to do drugs in my life.

I am aware of the drug problem in this area, and I thank drug court for giving people a good & safe way to get over drug addiction.

Sincerely,
Tyler McBride

Dear Judge,

My feelings towards the drug court could best be described as amazement. I am surprised that so many people are drug addicts. Another thing that amazed me was the fact that alot of people started drugs at as early as 5 to 9 yrs old. The majority of the people were started out by either marijuana or by alcohol, that is just crazy. By attending the drug court it made me remember why I chose not to use any kind of drugs not even alcohol. It can truly mess up your life.

I felt that the drug court was disturbingly graphic and horrifyingly real. I felt proud for those who completed the program and sad and dissapointed at those who relapsed or were terminal. Overall it was an interesting experience.

Drug court... I think it's awsome to learn that alot of people do this stuff at my age. It also scares me to know that I know alot of people who do drug. My policy is Drug Free

16

I think that everybody has a little good in them no matter what, and they all need a chance.

17

May 4, 2001

Dear Judge Gunn,

I thought when your Drug Court came to my school it showed me and I think showed other students that go to school with that they should stop doing drugs if they do not want to do their lower. It made me think if I ever did them I could end up in that court room, in jail or be embarrassed and ashamed to be in front of a whole high facing my ignorance for stealing drugs in the first place. This is my opinion of the Drug Court. It made me think a lot differently than I used to and taught me a lesson about my life, health, and my future!

Sincerely,
Lori

Lauren Abshie

When people would complete I was very happy for them!! It showed me how much trouble you can get into just by peer pressure of drugs.

WEST FORK PUBLIC SCHOOLS
359 School Avenue
West Fork, Arkansas 72774

Administrative Office

Phone: 479-839-2231
Fax: 479-839-8412

May 3, 2004

Judge Mary Ann Gunn
Circuit/Chancery Court
PO Box 4640
Fayetteville, AR 72702

Dear Judge Gunn:

On behalf of West Fork Schools I want to thank you for bringing Drug Court to our high school. I was able to be present and see the attentiveness of our students. From their behavior during court and their comments afterward, I feel that many of them were positively influenced.

The visual picture of people successfully completing the program and of people being handcuffed and led from court will be a picture I will not forget and one that our students should have indelibly imprinted in their minds.

Thank you again for going to so much effort to help the youth in our community.

Sincerely,

John Selph
Superintendent

May 4, 2004

Dear Judge Gunn,

I was at drug court. It gave me a whole different idea about drugs. I don't do any drugs but I have several real close friends that do They havent ever pressured me to do drugs. So it's never been a big deal. But now that I see the trouble you can get in Im going to try my hardest to make my friends quit. I thank you for bringing it to our school. I enjoyed seeing it. Drug court taught me a lot.

Sincerely,

Gareth Evans

DRUG COURT

Lyndsi East
12-2-03
9th

I think Drug Court is brought to High Schools to show us kids what their life would be like if you got into drugs. It tells the kids that drugs are bad. It also tells us that when you do drugs, it doesn't just affect you, but it also affects your family and friends. This program teachs many people to stay away from drugs. It is a great program.

I learned lots of things from Drug Court. First, I learned that if you are caught with drugs, that you won't have any more freedom in your life. Second, I learned that you need to be careful who you hang out with. You don't want to hang out with the wrong crowd. Finally, I learned that there are lots of people who need help because they got caught up in drugs or other things.

All of these things made me realize that drugs are very bad. Drugs can affect you and everyone around you. You could get thrown in jail or something else. I also realized that once you start, its hard to quit. So, you shouldn't do the m in the first place. I really like your program. Its a great way to teach 22

Lyla Ruth
351 S. Hwy 71
Winslow, AR 72959
(479) 634-3913

May 25, 2004
Judge Gunn
Drug Court
Washington County Courthouse
Fayetteville, AR 72701

Dear Judge Gunn:

I really enjoyed it when you came to Winslow High School and brought your drug court. During the Drug Court I learned that people start the really bad drugs after they smoked Marijuana at a very young age. I noticed that some of the people in the drug court started smoking marijuana when they were about eight or nine years old. I found out that drugs are a lot worse than people I know make them sound.

Most of the people I know use drugs. Where I live all of my neighbors are alcoholics or crackheads. They all act like they are not that bad but when I see them I am glad that I am not like them and messed up all the time. I noticed that most people in our school said that they have smoked marijuana including me when you asked us if we had so had all of my friends. When you asked about drinking alcohol almost everybody raised their hand about that to but when you asked about methamphetamine only a couple of people raised their hand and thankfully I was not one of them. Iam very glad that only a few people have done meth. It would be a lot better if it would have not been any of them but atleast it was not as many people that have done meth than the people that have smoked marijuana.

I was very glad that you came to our school to do the drug court. Me, and my friends hope very much that you will come back some time very soon. Thank you very much for comeing to our school and telling our school how bad drug are because some of them need to know about how bad they are.

351 S hwy. 71
Winslow AR. 72959
(479) 634-3913

May 25, 2004

Judge Gunn
Drug court
Washington county court house
Fayetteville, AR 72701

Dear Judge Gunn:

Hi my name is Robert. I go to Winslow High School. We were a part of the drug court assembly on May 24,2004.

I really enjoyed the assembly. I think it will help a lot of people who saw it. I know it helped me. It helped me realize the consequences of drinking or using drugs. I thought it was sad seeing people that was in the program that were getting arrested because they still had drug problems. It shocked me that almost everyone in the drug court had started using drugs by the age of thirteen. It was sad that most of the people had gotten them from their family.

After seeing the drug court I know I will stay away from drugs. I hope that they learn from their mistakes and try to fix them so they don't ruin their lives.

Sincerely,

Robert J. Battershell

Robert J. Battershell

Dear Judge,

Drug Court taught me that drugs can mess up your life. I don't do drug because I know the bad things it can do to you. Your Drug Court put it into a better picture for me to understand the effects that drugs can have on your life and your family. I made a promise to my mother that I wouldn't do drugs and I never will do drugs.

Dear Judge Mary Ann Gunn, April 7th, 2004

I learned alot at Drug Court today. I realized just how quickly drugs and alcohol can get you into trouble. Drugs can really mess up people's dreams and careers, and this has persuaded me to never do drugs.

Sincerely,

Amanda J. Smith

I think it is a good program, and that everyone in it should work hard. I will never do drugs, for anything.

27

Dear Drug Court,

I am glad our School was able to witness your drug court on 4/5/04. It was a real eye opener. I am glad that our state has programs like yours to keep people who have drug problems on the right track. I think your drug court is great, for those who need a second chance. I hope all that go through your program will graduate and start a new life. I truely enjoyed your drug court today and hope to see you for years to come.

P.S. Mrs. Gun is a great judge and I would like to thank her for coming to our school.

Remember Stay drug Free!

Megan

Skylpng
Hepne

I think that it is a good thing to have drug court. So they can get where they do not have to take drugs and mass up their lifes by taking drugs. I think that the drug Court should Be in the world for now on.

I thought drug court was very scary and I know that even if you mess up once you can mess up the rest of your life. It also made me think that in the future people I know will be there. I also know that I will never be in that court in my life.

30

Mr. SOUDER. Mr. Counts.

STATEMENT OF LARRY COUNTS, DIRECTOR, DECISION POINT DRUG TREATMENT FACILITY

Mr. COUNTS. Thank you. For the record, my name is Larry Counts. I work as the executive director at Decision Point. We're an alcohol and drug treatment center located in Springdale and have a catchment area of residents of about 353,000 people. I've been with the agency since 1998, and this past year we've treated more folks in our agency than we had by history and just a little over a 1,100. And since 1998, over 5,000 addicts have come through our facility for treatment.

I would like to first make a comment in regard to Congressman Boozman's question before. After listening to the two panels previously, I do believe that the effort and the work put into this problem of methamphetamine, which it certainly is an epidemic, we will stem the tide a bit. I think by history, looking at something as simple as the Harrison Act in 1914 and trends from 1953 to today, drug trends have come and gone, but it always seem like another drug will come and take its place.

And I think that is part of what I would like to bring to the public today is a message, and that is one of the message just looking and focusing more on the disease of addiction rather than a specific drug. And I'm saying that to—I know that in our drug courts and our treatment facilities, I see time and time again people coming in looking at methamphetamine as the problem, but they—they don't choose to stop smoking pot, or they don't choose to stop drinking alcohol, or they don't choose to stop using other substances. So, again, we're seeing more poly substance than we are anyone coming in just simply using methamphetamine and having to work with that.

Right now, I guess, too, like everyone else, we need more funds, and we look at the distribution of the drug control policy, we're only getting about 32—a little over 32 percent to divide up between treatment, prevention, and research in this effort. And it's really not adequate enough for the numbers that are coming in and demanding treatment where even our own governmental studies are reporting that up to 48 percent of the people that need treatment aren't getting it.

We're looking—today I was looking, and certainly the statistics have already been spoken, and I know certainly there are crimes in relation to drugs in terms of the manufacturing, the selling, the adolescence and certainly the harm put to that. And I do know that also in this—in our efforts, there were I found 1,498—1,498,000 children of drug addicts locked up or incarcerated in the United States in one form or fashion. I would say that the majority of these are certainly treatable. I hear that. And certainly 80 percent of those locked up in our facilities have the problem either directly or indirectly related to drugs. And having years of working in this field, I do know that it is treatable.

I hear a great deal about intervention, and I would like to ask again in regard to policy, studies have repeatedly shown through NADA, through Samsul, through Seaside, that a person who is—has a family history, which is a great predictor of any illness to in-

clude alcoholism and drug addiction, that we—we are not allowed by prevention to focus on that. We do a great deal of broad based prevention, but we know that there is a high risk of kids out there that have the potential to become addicted, but we're not able to target that, much like say that they do in HIV, AIDS, and STD prevention. And I think that to the job, your drug courts, treatment, what really, everybody is doing is remarkable, given the conditions and the funding. But one of the things today, too, is that certainly with treatment, we're really charged, as Judge Gunn certainly pointed out, that to treat a chronic illness with an acute intervention, we need to be able to get at the families to work in those areas of social skills such as education, jobs and finance. We're not seeing adults who come in that made adult decision to use; we're seeing children or adults coming in who have 5, 10, 15 and 20 years of drug use without really any period of abstinence and not even recognizing it as a disease.

Again, I appreciate your time in allowing me to speak. I, too, think it's been an honor and a privilege. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Counts follows:]

One Hundred Eighth Congress

Congress of the Unites States
House of Representatives

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

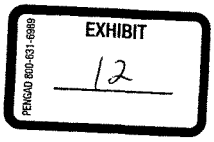
"Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

Bentonville, Arkansas Field Hearing

June 28, 2004

Report Submitted By:

Larry Counts, LMSW, LADAC, ACADC, CCS
Executive Director
Decision Point, Inc.



In February of 2000, a hearing was held in Springdale, Arkansas by the U.S. House of Representatives Judiciary Committee Field Hearing Subcommittee on Crime to examine methamphetamine and trafficking in rural areas. Now, some four years later, we are investigating "Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas" in an attempt to understand the continued phenomenon of methamphetamine use to include now its smokable form, ice. Several purposes were cited for holding this investigative hearing. But the most important goal noted by Chairman Mark E. Souder was how the federal government can assist state and local authorities in combating the scope of this growing problem.

To address this problem, we cannot overlook determining cause, social facts preceding today's events. With that said, I would like to begin with an excerpt from Dr. W.W. Bauer, delivered in July of 1955 speech at Alcoholics Anonymous Twentieth Anniversary Conventions' Medical Panel. "Our children are being brought up in a thoroughly alcoholic environment. By billboard, by radio, by television, in advertising of all kinds, the qualities of alcoholic beverages are being extolled. Put those two thing together – a world living under the domination of fear and a world filled with alcohol and with alcoholic suggestions – and you can see how important it is that people realize what alcoholism really is". Just the year before he spoke, the American Medical Association recognized alcoholism under its disease model. It would be difficult to distinguish a great deal of difference between the message of Dr. Bauer's or the work of Dr. William D. Silkworth who became renowned in treatment of alcoholics in the 1930's. Their message and works is as legitimate today as it was some seventy-four years ago.

Two months after Dr. Bauer's presentation, a U.S. Senate Subcommittee convened in New York and by the end for their hearings, the committee declared a *war on drugs*. This, years before the Nixon administration was credited in bringing the war on drugs to America's forefront. A truer understanding of our history in the war on drugs and our subsequent drug policy can be traced to the Harrision Act of 1914, the first genuine ban on drugs, and it is thus cited as the basis of our current prohibition efforts. Much like heroin and opiate use in the 1950's, cannabis and hallucinogens in the 1960's, cocaine in the 1970's, and crack cocaine in the 1980's, methamphetamine has risen to become an enormously popular drug, but its prevalence will eventually flatten out. Five decades of experience has taught us that. In each of these past decades we have unleashed an all out front on individuals, communities, and manufacturers enacting even more legislation, introducing tougher sentencing laws, developing special law enforcement agencies, and building more prisons to house offenders. Yet, since 1914, nothing has served to significantly dissuade the use of drugs in the United States.

First synthesized in 1879, methamphetamine is a substance that does present a broad range of social and medical problems, some unlike any drug before. During the course of the past ten years, the manufacture and use of methamphetamine has become a pivotal focal point in our nation's war on drugs. Recognized for its therapeutic effects, methamphetamine became popular within the medical community during the 1960's, used in the treatment of such disorders as inflamed nasal passages, narcolepsy, and obesity. However, its exposure in the medical community, as have medications before it,

brought with it a recreational awareness and popularity. Due to its extended euphoric effects, methamphetamine gradually reached what has now been identified as epidemic proportions when during the 1990's an estimated 4.7-million persons were reportedly experimenting with the substance. The drug is a powerful stimulant that results in the release of extremely high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. This same neurological dynamic also contributes equally to the more recognized toxic effects of methamphetamine abuse such as violent behavior, anxiety, confusion, and insomnia in addition to alarming psychotic features such as paranoia, hallucination, delusions, and mood disturbance that many associate and publicize with the drug.

In our agency, Decision Point, we treated 1,119 unduplicated clients in 2003, the largest of any such agency in the state of Arkansas. Since 1999, the percentage of clients identifying methamphetamine as their primary drug of choice has remained steady, ranging from 25-29-percent of the total population served with a majority of these clients IV drug users. Demographically, the client population is considered fluid with the predominant age distribution of clients ranging between 31 to 40 years of age with over one third of all admissions women. Some 66-percent of all admissions have dependent children. Some 30-percent have less than a 12th grade education. 47-percent are unemployed. More than 51-percent of the clients served report a criminal history with most receiving treatment for their first time either through our residential program or drug court program. Less than 11-percent of all clients have any type health care coverage. Just over 35-percent of all admissions began using substances before age thirteen, 75-percent began using alcohol and drugs before age twenty. Since 1998, the year we began collecting broad-based data on our client population, we have seen the effects of methamphetamine first hand and are well versed in the treatment of substance related disorders. To us, there is no distinction between the drug one abuses. Abstinence is not the end to the mean, but rather a catalyst to change, an improved quality of life that will promote a drug free lifestyle. To note, I have heard repeatedly that mehtampheamine addicts cannot be treated. I would emphatically disagree with this statement based upon my own clinical observations and the support of research findings.

Since 1999, the number of admissions to Decision Point, the only such facility in a region that accounts to just over 33-percent of the state's treatment needs, have increased over 26-percent. At the same time state and federal dollars have decreased by 9 percent. This, in spite of the fact that over ten years ago a Gallop Poll report revealed only four percent of Americans believed that arresting the people who use drugs was the best way for the government to allocate resources. The war on drugs isn't a solution in search of a problem, it is a problem in search of a solution (Schmoke, 1996). The idea of a "drug free" America is an unrealistic one where in America, some 15-18-pcercent of the population, 36-43 million persons are predicted to become addicted to at least one drug during the course of their lifetime. The idea to "just say no" was another grand policy, but facts demonstrate far too many are not saying no to drugs. In a 2001 National Household Survey report by the Substance Abuse and Mental Health Services Administration, over 15-million persons age twelve and over reported they had used an illicit substance once or more in the year prior to the survey. What was and has been

glaringly absent, even as we knew these figures to be true, there was never any contingency placed into effect in the just say no campaign or any other prevention policy. This absence of a contingency plan left millions uneducated about the reality and facts of addiction. Moreover, absent of the means to attain effective treatment options.

Our response has been to continue increasing the funding of supply reduction and interdiction. The US Office of National Drug Control Policy reported spending 19.179-billion on the nations drug war in 2003. However, as has been the trend since the 1980's, treatment, prevention, education, and research are forced to split one third of the budget with the remainder going to law enforcement and interdiction. Figures from 2002 demonstrate this point where $12.686-billion was directed to supply reduction (67.4%) and the remainder 6.136-billion to demand reduction (32.6%). Success based upon the rational of this allocation formula would depend upon which camp one sided with. The inflation of funds for supply reduction, targeting dealers, manufacturers, drug smugglers, and non-violent drug offenders resulted in astonishing incarceration rates. In 2003, 2,078,570 prisoners were held in federal or state correctional facilities at a cost exceeding $40-billion. Of that, $24-billion was spent to incarcerate non-violent offenders of whom most were treatable drug offenders or persons convicted of drug related offenses in need of treatment. Since 1998, for the first time, the number of drug offenders being committed to prison exceeded the number of violent offenders being sent to prison, and it has exceeded it every year since (Sullivan, 2004). Incarceration rates and costs are growing at such rapid rates that it has become increasingly difficult to house offenders. Even in the state of Arkansas, since 2001, the state has had to implement its Emergency Powers Act fourteen times and an expanded Emergency Powers Act three times releasing a total of 3,472 prisoners to ease overcrowding.

Figures are arbitrary, a means to allow us to quantify the decisions we make. One of many figures not accounted for in the war on drugs are the 1,498,800 minor children of incarcerated parents (US Department of Justice, 2000). All data speaks volumes, but in the laboratory of public policy, success in one realm could just as easily be seen as a failure in another.

The panel present today will certainly provide more relevant figures that indirectly and directly mirror my own. I by no means advocate for legalization. Nor do I favor drug use. In the beginning of my report, I cited Dr. Bauer for his preemptive wisdom. Changed somewhat slightly, the "problem" of which he spoke in his time was and has never been about a single drug, but rather the disease of addiction. His statement, fitting now almost forty years later, only needs to substitute drug addiction for alcoholism. Drug use is in and of itself a symptom of the problem. One needs to look no further than Alcoholics Anonymous or Narcotics Anonymous where the mechanism of change focuses not on the drug, but rather the person. Yet social and cultural factors, pervasive but seldom perceived by the members of a given society, influence the expression of and response to addiction (Boyarkdy etal, 2002). Drugs and drug use are a problem that over time we have criminalized, stigmatized, and immoralized in such a manner that we have contaminated the solution. We have instead blamed and punished individual rather than to understand the process that contributes to addiction and the proven strategies for

rehabilitation. This is not to say that some consequences of drug use are not criminal, they are. But the disease itself is neither criminal nor immoral and our continued absence of approaching this problem as one of a public health issue only perpetuates the definition of insanity used by Alcoholics Anonymous, "to repeat the same mistakes over and over expecting a different result each time". It is central to the reason we now see generation after generation of drug offenders who continue to go without help when help was available. What is most ironic about this war on drugs is that the drug most commonly connected to murder, rape, assault, and child and spousal abuse, violent crimes, is alcohol, not illicit substances.

The Substance Abuse and Mental Health Services Administration, one of the most recognized expert institutions in the study of substance abuse, indicates that 48-percent of the need for drug treatment, not including alcohol, is unmet in the United States. This brings us to the issue of the disease concept and the process of recovery, which has remained controversial and contributed in large part to the absence of substantial amendments in our drug policy. The concept of addiction was credited to E.M. Jellinek who presented his theory in 1960, nine years after the World Health Organization acknowledged alcoholism as a serious medical problem. Following Jellinek's work, the American Psychiatric Association began to use the term disease to describe alcoholism and the American Medical Association followed suit in 1966. Since, it has been generalized to other drugs, identified as a substance related disorder and viewed as a primary disease existing in and of itself and secondary to some other conditions. As with virtually all major illnesses, family history is one of the most pronounced predictors. Repeated studies have demonstrated that persons with addiction in their family, not simply raised in a substance abusing home, are four times more likely to become dependent upon a substance than persons who do not have a family history. Many critics of the disease model profess that to call it a disease serves only to absolve an individual of personal responsibility. Yet, nothing could be further from the truth. In fact, once diagnosed, as with any other illness it becomes the individuals personal responsibility to manage their illness after proper diagnosis and treatment. With all the knowledge at hand, we still continue to use punitive rather than therapeutic measures in our approach to the problem. Our actions are not proactive, but reactive and a primary reason why many now repeatedly state we cannot incarcerate or way out of this problem.

Drug and alcohol addiction, abuse are treatable illnesses. But again, policy and social messages often prematurely omit the need, value, and availability of treatment services. This has to change. It is projected that only one out of every four persons who need treatment receive it. Of those who do not, the most common reason given for not seeking treatment is that they do not believe they need help. A considerable amount of attention is placed upon prevention. Predisposition, as spoken of in the previous paragraph, is a vital point that is virtually never presented to the public. The stigma of alcoholism and drug addiction keeps this information hidden. Early onset of use is another significant problem due to increased availability. We now see persons entering treatment for the first time in their twenties, thirties, and forties, who in their lifetime cannot account for one to three months of total abstinence. The point here is that we are and have never been dealing with adults who made a conscious decision to use. Rather we are seeing adults whose

substance use had become a natural way of life during their formative years and who enter adulthood understanding abstinence as abnormal and worse yet, believing they are not as "bad" as those portrayed in the media and campaigns. In reality, they are not in denial, they are simply telling the truth as they know it.

Treatment is effective, we know this to be true. One of the largest national studies, a national representative survey of 1,799 persons confirmed that both drug use and criminal behavior were reduced following inpatient, outpatient, and residential treatment. The most notable correlation to success was duration of treatment where persons remaining in treatment the longest were more likely to reduce or eliminate abuse of substances. However, as has been the case for over thirty years, most are only able to receive 28-days of treatment. Thus, with predisposition and early age onset, treatment centers are charged with the unrealistic responsibility to treat persons with a chronic illness with acute interventions. A common debate along the lines of treatment is related to how successful treatment services are in promoting abstinence. Figures vary from program to program, but given the brief intervention, it is remarkable that they have been as successful as they are. Not only in abstinence or reduction in substance use, but improving social factors such as absence of crime, increased involvement in family affairs, improved health, employment, and overall improved quality of life. Treatment readiness too remains an issue. But the emergence of drug courts across the nation over the course of the past ten years have proven that with combined judicial and therapeutic interventions, persons can be extremely successful in overcoming their problem. But the problem is one of opportunity rather than ability. Given the same time and dollars allocated to criminal justice facilities, treatment would show far greater outcomes. To deny this across the nation would only be contemptuous since some states have repeatedly demonstrated that not only can it work, but it is highly cost effective.

A critical component that should be tied into more treatment dollars is in extended aftercare services, most specifically related to families. We hear about treatment, prevention, but the advocacy for effective intervention is sorely missing, continued intervention and prevention targeting problems early on in the phase of alcohol and drug use and continuing after treatment as they would naturally arise. However, these services are rarely available due to the absence of funding. High risk prevention and intervention are indispensable needs. One of the most notable is the ability to target the population most at risk, the children of alcoholics and addicts. Global prevention is provided in schools, churches, and other institutions allowing basic education about alcohol and drug use. But the inclusion of risk factors are absent in these approaches such as the identification of family history. The success of targeting risk factors has worked before. Much like HIV/AIDS and STD, global prevention is carried out to ensure all people understand the risks and means for prevention. However, these efforts are funded as well to target high risk groups such as male to male sexual partners and IV drug users. In the field of alcohol and drug treatment, there is no current means to target the children of substance abusing parents and parents in recovery where compelling studies repeatedly demonstrate these children have the highest risk for future problems. There is a critical need for early prevention and post treatment intervention to assist families in stabilizing and resolving inevitable problems. People cannot prevent or amend what they do not

truly understand. Easily seen, walk into any drug treatment center across the nation and ask the simple question, "how many persons have a history of alcoholism and drug addiction in your family?" Observe the hands that rise.

Our current drug policy is aimed at two primary elements, the role of criminal justice and the presumption that any use of substances are inherently immoral and must be eliminated. The cost of the war on drugs is both direct and indirect are staggering as related here and has been documented throughout hundreds of studies. The income of drug barons has easily outpaced our own expenditures to eradicate the availability of drugs and subsequent drug use. It is simple economics. More so economically, we attempt to interdict in the hopes of driving up the price assuming the most fundamental concept of economics is the law of supply and demand, which essentially suggests that when the price rises, consumers are unable to buy more. But an economic fact is the law and in our philosophy is that the law of supply and demand only applies to one product at a time. Just as in the drug war, when one product becomes too expensive or unavailable, another is selected or a cheaper means for production is developed. Methamphetamine, the manufacture and use is a case in point as was with crack cocaine.

The need and most effective approach to the problem of drug use in America would be in overall demand reduction. We have seen this in our efforts with nicotine, obesity, mental illness, and other social problems where honest education and intervention has served to reduce and in some cases remove the stigma and mystique, and thereby result in effective change. Public support and public policy are influenced by addiction stigma. Addiction stigma delays acknowledging the disease and inhibits prevention, care, treatment, and research. It diminishes the life opportunities of the stigmatized (US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration).

This hearing, future hearings, and the subsequent direction of our nation's drug policy must be toward adopting a policy that does not divert intelligence and services away from solutions to deal with the problem of drug abuse in America. We must be willing to distinguish between developing policy that sounds good and developing policy that is sound. This will require a gradual process absent of contempt and pursued through utilitarian analysis. By this, I mean we need to genuinely weigh the relative costs between treatment and incarceration, especially since we now know treatment is seven times more cost effective than incarceration. Nationally, we promote each September, *Treatment Works*. Yet treatment still remains unavailable to those who need it and we, instead, continue to be willing to build more prisons and jails to isolate drug users even thought at one-seventh of the cost, we could subsidize commensurately effective substance abuse, medical, and mental health care for those in greatest need. The degree to which we view this problem is central to our approach. If we are to develop effective strategies, we must understand the nature of addiction, biologically, socially, psychologically, and behaviorally, the scope and not along linear lines.

Serious problems require open minds. We are familiar with the perception that the first casualty in any war is truth. The fellowship of Narcotics Anonymous quotes in its Basic Text, "it is easier for us to change our perception of reality rather than face reality itself".

We must recognize first and foremost that drug use is a health problem and that an unspoken component of the drug war is to induce Americans to consume only approved drugs. The reality is, even with alcohol as the most predominant drug abused in this country, we are not going to succeed at prohibition. But as has been stated, there should be no distinction between the drug one abuses. This message has been echoed repeatedly over several decades now and in the past twenty years, empirical studies have reliably demonstrated that proper education, realistic strategies, and treatment work.

I wish to make it clear that I firmly believe that there is a cause and place for those who induce children and adolescents into drug use, those who manufacture and place neighborhoods at risk, and those who choose violence as a means to further their enterprise. However, I believe just as firmly that it is time to focus our efforts more on the treatment of the disease of addiction, just as Dr. Bauer recognized in the 1950's. He was not the only one as during the same conference:

Dateline: The White House; Sender: The President of the United States

Please convey to all who participate in your Twentieth Anniversary gathering my good wishes for a successful meeting. Your society's record of growth and service is an inspiration to those who, through research, perseverance and faith, move forward to the solution of many serious personal and public health problems.

Dwight D. Eisenhower

President Eisenhower knew it even then, we are dealing with a public health problem. It is my wish that this and other hearings across America contribute to the revision of our approach and reassess our national drug policy. To date, the courts, law enforcement, treatment providers, prosecutors, prevention professionals, and all who have a stake in this problem are doing a remarkable job, but all are highly frustrated. I commend them all as they carry out their responsibilities. But each, alone and of themselves, cannot make a difference. It will take all, working together with a singleness of purpose if we are to make a genuine difference in the lives of all who are touched by the abuse of alcohol and drugs in America. One day at a time.

I genuinely thank you for this opportunity to speak on this matter. It has been an honor and a privilege.

Mr. SOUDER. Now we go to Mr. Dufour.

STATEMENT OF BOB DUFOUR, DIRECTOR OF PROFESSIONAL AND GOVERNMENT RELATIONS, WAL-MART STORES, INC.

Mr. DUFOUR. Thank, Mr. Chairman. On behalf of Wal-Mart, I would like to thank you and both Congressman Boozman for inviting me to appear before you today to speak about the methamphetamine crisis in our country.

Currently, Wal-Mart, which, as you know, is based in Bentonville, Arkansas, we operate stores in all 50 States, Puerto Rico and nine foreign countries. We currently employ 1.2 million people in the United States and 330,000 people in other countries. Unlike many of the drugs that are abused, methamphetamine, as you heard today, can be made using common, low-cost products and supplies that are widely available. For this reason, Wal-Mart has taken a keen interest in the methamphetamine issue. Our challenge is to meet the needs of legitimate customers while preventing the proliferation of abuse of these products.

In 1998, Wal-Mart entered into a partnership with local law enforcement and the Drug Enforcement Administration to help fight against this threat of methamphetamine production. At that time, Wal-Mart voluntarily placed a register limit of three packages of product to be purchased if it contained the active ingredient pseudoephedrine. Pseudoephedrine, as you know, is used to treat nasal congestion, and it is found in many cough and cold products that are widely available. Millions of Americans each year at one time or another have legitimately used these products to get relief. Unfortunately, pseudoephedrine is also the primary precursor used to make methamphetamine. Today, these Federal limits are in place. There's also a growing number of States and also local communities that have even higher restrictions on these products. Wal-Mart has taken an active role in working with lawmakers and agency officials across the county to insure these restrictions are appropriate and effective in our stores.

Methamphetamine, though, continues to grow in areas of our country. Wal-Mart has responded in these areas of growth by further restricting access to pseudoephedrine. Currently, in over 500 Wal-Mart stores across the country where we have noticed high theft or unusual sales trends, we've taken single entity pseudoephedrine and put it behind the prescription counter. Customers must ask for these products from a member of our pharmacy staff, and these products are only available when the pharmacy is open. Wal-Mart recognizes the inconvenience this is to our legitimate customers, but this action underscores our commitment to work with the DEA and other agencies on this issue.

We also found in 2003 that larger pack sizes were a primary target for many people wanting to produce methamphetamine. At that time, Wal-Mart responded with our Wal-Mart stores voluntarily discontinuing to sell the 96-count pseudoephedrine. When we did this, we also kept the three package limit in place, and our largest packet size was 48 count. This, in effect, reduced by half the amount of pseudoephedrine you could purchase at a Wal-Mart store. Our Sam's Club took a similar action. While they kept the

96 count, they limited the quantity to two, and this late March has reduced the quantity to one.

Not all of our actions at Wal-Mart have been focused on restricting sales of pseudoephedrine. We've also made significant efforts to educate both our associates and our customers regarding methamphetamine. Wal-Mart cashiers as part of their training are shown computer simulation of a transaction that attempts an above-threshold purchase of pseudoephedrine. The cashiers were then asked how to respond to the situation. Our customers who try to purchase more than three products or less in restricted areas may not understand why they can't purchase more than those three packages. In order to address this issue, this February, we teamed up with the Partnership for a Drug Free America to provide information for them. Currently, each time a register limit regarding pseudoephedrine is triggered, a small informational slip is printed at the register. This slip can be handed to the customer by the cashier. It informs the customer of the pseudoephedrine limit and directs them to the Partnership's Web site where they can learn more about pseudoephedrine and methamphetamine.

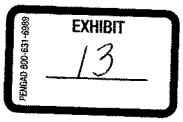
We are committed to finding ways of limiting access to these products and the illegal use of methamphetamine production, but also finding ways to keep these products available for the legitimate customers.

We appreciate the opportunity to participate today, and we look forward to working with the subcommittee as we work on this issue. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Dufour follows:]

WRITTEN TESTIMONY
OF
WAL-MART STORES, INC.



BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES
COMMITTEE ON GOVERNMENT REFORM

June 28, 2004

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Wal-Mart Stores, Inc. appreciates the opportunity to provide written comments to the United States House of Representatives, House Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources concerning the methamphetamine crisis in our country.

Wal-Mart is based in Bentonville, Arkansas, with facilities in all 50 states, Puerto Rico, and 9 foreign countries. As of May 2004, the company operated 1,428 Wal-Mart stores, 1,553 Supercenters, 538 Sam's Clubs, and 67 Neighborhood Markets in the United States. Internationally, the Company operates units in Argentina (11), Brazil (144), Canada (236), China (38), Germany (92), South Korea (15), Mexico (643), Puerto Rico (53), and the United Kingdom (267). Wal-Mart also owns a 37.8% interest of Seiyu, Ltd., Seiyu operates over 400 stores located throughout Japan. Wal-Mart employs more than 1.2 million people in the United States and more than 330,000 internationally.

Unlike many drugs that are abused, methamphetamine can be made using common low cost products and supplies that are widely available. For this reason Wal-Mart has taken a keen interest in the methamphetamine issue. Our challenge is to meet the needs of legitimate consumers while preventing the proliferation of abuse of these products.

In 1998 Wal-Mart entered into partnership with local law enforcement and with the Drug Enforcement Administration to help in the fight against the spread of methamphetamine production. Wal-Mart voluntarily placed a register limit of three (3) packages of products that contain the active ingredient pseudoephedrine. Pseudoephedrine is used to treat nasal congestion and is found in many cough and cold products that are available without a prescription. Millions of Americans each year, at one time or another, legitimately and with great relief use a product that contains pseudoephedrine. Unfortunately, pseudoephedrine is

also the primary precursor ingredient used in the production of methamphetamine. Today, there are federal limits in place on the sale of pseudoephedrine products. A growing number of states and communities require even stricter limits. Wal-Mart has taken an active role in working with lawmakers and agency officials across the country to ensure that these restrictions are appropriate and effective in our stores.

Methamphetamine abuse continues to grow in areas of our Country. Wal-Mart has responded in these areas of growth by further restricting access to pseudoephedrine. Currently in over 500 Wal-Mart stores across the country where we have noticed high theft or unusual sales trends, single entity pseudoephedrine is not sold over the counter. Customers must ask for the product from a member of the Pharmacy staff and the product is only available during the hours that the Wal-Mart Pharmacy is open. Wal-Mart recognizes the inconvenience this is to our legitimate customers but this action underscores our commitment to work with DEA and other agencies on this issue that affects so many local communities.

Larger pack size of single entity pseudoephedrine products have been a primary target for people producing methamphetamine. In 2003, in response to this knowledge Wal-Mart Stores Division voluntarily discontinued the sale of 96 count single entity pseudoephedrine. By maintaining package purchase limit restrictions this action reduced by one-half the amount of single entity pseudoephedrine tablets a customer could purchase at a Wal-Mart store in a single transaction. Our Sam's Club Division has taken similar action by maintaining their 96 count package and reducing the allowable quantity to be purchased to two and in select areas to one package.

Not all of the actions Wal-Mart has taken have been focused on restricting the access to pseudoephedrine. Wal-Mart has made significant efforts to educate both our Associates and our customers regarding methamphetamine. Wal-Mart cashiers as part of their training are shown a computer simulation of a transaction that attempts an above-threshold purchase of pseudoephedrine. The cashiers are then asked how to respond to the situation. Customers who encounter the sales restriction may not understand why they are unable to purchase more. In order to address this issue, Wal-Mart, in February 2004, teamed with the Partnership for a Drug Free America to provide an informational source. Currently each time a register limit regarding pseudoephedrine is triggered a small informational slip is printed at the register. This slip can then be handed to the customer by the cashier. It informs the customer of the pseudoephedrine limit and directs them to the Partnership's web site where they can learn more information about pseudoephedrine and methamphetamine.

Wal-Mart is committed to continue finding ways of limiting access to products used in the manufacture of methamphetamine while still finding ways to make these products available to customers for legitimate use.

Wal-Mart appreciates the opportunity to provide written comments on this matter, and is prepared to assist the Subcommittee as it continues to address the methamphetamine issue that faces our nation.

Mr. SOUDER. Mr. Hoggatt. I believe it was your testimony I referred to earlier of the people in the trees.

STATEMENT OF GREG HOGGATT, DIRECTOR, DRUG FREE ROGERS-LOWELL

Mr. HOGGATT. Yes, sir, it was. And I wanted to thank you, Chairman Souder, and, Congressman Boozman, and this subcommittee for allowing me this opportunity to speak to you today. On behalf of the RogersLowell area Chamber of Commerce, I'd like to welcome you to our community. You may have noticed Benton County and all of northwest Arkansas are enjoying tremendous growth and prosperity. We've been recognized as one of the fastest growing areas in the Nation. We have three of the global leaders in their industries in our midst: Wal-Mart, Tyson Foods and J. B. Hunt.

On the surface, we are a booming metropolitan area. Underneath the surface, we are quietly experiencing the economic and the human impact of a very dangerous and defiant monster, that being methamphetamine. In less than 10 years, methamphetamine lab seizures in Arkansas have skyrocketed from 54 meth lab seizures to over 1,200 meth lab seizures, according to our State Crime Lab.

Each year that passes brings an increased number in these labs. Our jails are filled with felons charged with crimes related to methamphetamine. Our social services are ill-equipped to handle the effect methamphetamine has had on our families. Gentlemen, if it can happen here, it can happen anywhere.

By now, you have heard from the law enforcement perspective of the impact of methamphetamine, and I would like the opportunity to describe the effect it has had on our community. And to do so, I would like to share two examples with you.

As a family, you have lived in your home for years. You have raised your family, your kids have gone to school, and you attend church every Sunday in this peaceful little town. But now you find yourself uprooting your family and hastily moving miles away, not because of greater job opportunities, but, rather, out of fear. Fear for your life and fear for the lives of your family. Within the past week, a meth lab was discovered on your neighboring property. Not a mom and pop operation, but a large, well-equipped compound where night vision and security cameras are utilized or armed guards put in trees and where a veritable arsenal of semi-automatic weapons and explosives are used to protect the operation. The alleged operators of this meth lab are now out on bail, and all your neighbors are living in fear that they may be considered informants. The entire neighborhood is forced to leave their homes and the lives that they have become accustomed to because of fear of retaliation by a small militia of methamphetamine producers. No one in this country should have to live in such fear.

My final example is focused on the greatest of all victims of methamphetamine, the endangered children who are exposed to methamphetamine use and manufacturing. Our resources have been taxed to the limits, and innocent victims of this supposed victimless crime, children who do not go to school; children who are not fed and taken care of; children who learn and participate in the process of manufacturing because that's what their parents do; children who are exposed not only to toxic chemicals and potential

explosions but are also exposed to sexual and domestic abuse and live in the filthiest environments you could possibly ever imagine. One local child was discovered in a meth lab with their nose crusted shut by repeated nose bleeds due to the inhalation of toxic chemicals. Another local child was given methamphetamine in a nursing bottle in hopes that it would stop him from crying.

Children born in our community are testing positive for methamphetamine, and children are dying because of it. Our communities need help. We need your help. Our communities must be mobilized to combat the demand for illegal use. We must teach our leaders, or businesses, our schools, our churches, and our families how to stop methamphetamine before it starts. We must arm our communities with the tools that they need to fight when methamphetamine ravages their infrastructure. The cost of human lives and families is much too high. Meth will not go away on its own. The only way that we can successfully defend our communities against meth is to arm them with the proper resources.

I ask the subcommittee to reexamine the current drug policy and its initiatives. Please allocate more desperately needed resources to local communities to fight their wars against methamphetamine. It is the local communities that will put up the strongest fight in the war on meth because they have the biggest incentives to win.

I strongly urge you to recognize and respond to the destruction that methamphetamine brings to lives and families of our small and middle sized communities across the country. I challenge you to actively be involved in finding solutions to this problem before it continues to grow and further damage the quality of life that we have come to expect in northwest Arkansas and similar communities all across the country. I commend you for taking the time to come here and consider this issue, because that is the first step toward finding the desperately needed solutions. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Hoggatt follows:]

Greg Hoggatt
Director, Drug Free RogersLowell
June 28 Congressional Hearing Testimony

Thank you Chairman Souder and the Subcommittee for allowing me this opportunity to speak to you today. On behalf of the RogersLowell Area Chamber of Commerce and our community anti-drug coalition, I would like to welcome you to our community.

You may have noticed, Benton County and all of NW Arkansas are enjoying tremendous growth and prosperity. We have been recognized as one of the fastest growing areas in the nation. We have 3 of the global leaders in their industries here in our midst, Wal-Mart Stores Incorporated, Tyson Foods, and JB Hunt Transport. On the surface, we are a booming metropolitan area. Underneath the surface, we are quietly experiencing the economic and human impact of a very dangerous and defiant monster, methamphetamine.

In less than ten years, methamphetamine lab seizures in Arkansas have skyrocketed from 54 meth labs seized to over 1200 meth labs seized according to our state crime lab. Each year that passes brings an increased number of labs found in our communities. Our jails are filled with felons charged with crimes related to methamphetamine. Our social services are ill equipped to handle the effects that methamphetamine has had on our families. Gentleman, if it can happen here, it can happen anywhere.

By now you have heard from the law enforcement perspective of the impact of methamphetamine, I would like the opportunity to describe the affect it has had on our communities. I would like to provide you with two examples to illustrate the effect methamphetamine has on our communities:

You have lived in your home for years. You have raised your family, your kids have gone to school and you attend church every Sunday in this peaceful little community. But you now find yourself uprooting your family and hastily moving miles away, not because of greater job opportunities, but rather, out of fear. Fear for your life, and fear for the lives of your family. Within the past week a meth lab was discovered on a neighboring property. Not a mom-and-pop operation, but a large, well equipped compound, where night vision and security cameras are utilized, where armed guards sit in trees, where a veritable arsenal of semi-automatic weapons explosives are used to protect the operation. The alleged operators of this meth lab are now out on bail and all of your neighbors are living in fear that they may be considered informants. An entire neighborhood, forced to leave their homes, and the lives that they have become accustomed to, because of fear of retaliation by a small militia of methamphetamine producers. No one in this country should have to live in such fear.

My final example is focused on the greatest of all victims of methamphetamine, the endangered children who are exposed to methamphetamine use and manufacturing. Our resources have been taxed to their limits with innocent victims of this supposed victimless crime; children who do not go to school, children who are not fed and taken care of, children who learn and participate in the process of manufacturing because that is what they see their parents do, children who are exposed not only toxic chemicals and potential explosions, but are also exposed to sexual and

domestic abuse, and live in the filthiest environments that you could possibly ever imagine. One local child was discovered in a meth lab with their nose-crusted shut by repeated nosebleeds due to inhalation of toxic chemicals. Another local child was given methamphetamine in their nursing bottle to make them stop crying. Children born in our community are testing positive for methamphetamine, and children are dying because of it.

Our communities need help. We need your help. Our communities must be mobilized to combat the demand for illegal drugs. We must teach our leaders, our businesses, our schools, our churches, and our families how to stop methamphetamine before it starts.

We must arm communities with the tools that they need to fight when methamphetamine ravages their infrastructure. The cost of human lives and families is too high. Meth will not go away on its own. The only way that we can successfully defend our communities against meth is to arm them with the proper resources.

I ask the subcommittee to re-examine the current drug policy and its initiatives. Please allocate more desperately needed resources to local communities to fight their wars against methamphetamine. It is the local communities that will put up the strongest fight in the war on meth because they have the biggest incentive to fight to win.

I strongly urge you to recognize and respond to the destruction that methamphetamine brings to the lives and families of our small and middle sized communities across this country. I challenge you to actively be involved in finding solutions to this problem before it continues to grow and further damage the quality of life we have come to expect in Northwest Arkansas and similar communities all across the country. I commend you for taking the time to come here and consider this issue because that is the first step toward finding the desperately needed solutions.

Mr. SOUDER. Dr. Leach.

STATEMENT OF MERLIN D. LEACH, EXECUTIVE DIRECTOR, CENTER FOR CHILDREN & PUBLIC SAFETY

Mr. LEACH. Thank you, Chairman Souder, and, Congressman Boozman. I sure appreciate being here today and the opportunity to speak with you. Being this late on the list, I think most of my testimony has been covered. I would like to point to my written document that the polls in there, and the reason I put those polls in there was to demonstrate that the people of America, particularly this State, and the people of these cities and communities around here are pretty supportive of your efforts. And it's very nearly unanimous that people are concerned about the future of America and the children are a great component of our future.

As a policy center and as a center devoted to children, we see three distinct victims. The first class of victims are the adolescents and teens who use the drug. I'd like to address a little later why we think that's occurring. The children who are exposed to the precursor chemicals and finished products in the clandestine labs, and then what we think is the most tremendous damaging thing is a baby born addicted to meth loving mothers. And that's very prevalent in Arkansas.

I would like to just sort of dispense with most of my document because it is testimony, and address a couple of issues that Congressman Boozman and yourself brought up earlier. As with other drugs, I think we need to look at the larger picture. We live down in kind of the bowels of the rural poverty in our policy center. Our people are poor, our children are poor, our families are poor. This place up here is beautiful. I haven't been up I–540 beyond the airport in several months, probably 9 months. Seeing all these new buildings, this is wonderful. But 40 miles east of here, and you will see Appalachia level poverty.

We have a breast care program that gives free mammograms to women without health insurance. The average family income of our clients is $11,000 a year. A good job is to get to go to work for Wal-Mart; a great job is to go to work for Tyson. I should have reversed that for this panel. At some place with some health insurance, anything.

So the driver from our perspective, living in rural Arkansas and living in rural poverty, which I've seen rural poverty all through the southeastern States, is to make it, these meth labs is a proper motive. It turns all crazy because it's not that simple because you start becoming your own best customer. And eventually you get caught, and you go to prison. Or you die because of the chemicals. But the initial process is a frustrated, poor people with no way out in their minds. There's very poor educational services. I think Arkansas ranks 46th, 47th in the Nation. I just heard this morning from the Governor's Office that we have the lowest rate of college graduates in the entire United States. I didn't know that.

So when we take this poverty, we take this lack of hope, and I can turn $2,000 in the next 24 hours without taxes, there's a lot of motivation. I can't make that working this month at Wal-Mart, and I can't make that much working for Tyson's. So there's a profit motive that because the drug is so insidious and so tricky, it sucks

them into this thing, and that's where it all starts going haywire. I think that the profit motive includes the Mexican distribution and the active war lord and all the other problems.

So the underlying motive is profit, and the other thing that we see in the high schools is this extreme need to be thin for girls. One of the side effects of this drug is that until it totally crashes your life you lose a heck of a lot of weight, and you feel great. Talking to kids that use this stuff, they love it. This is not something they're forcing on themselves; this is not something that is just peer pressure and that.

But as far as drugs go—I don't use this stuff, never have, but as far as drugs go, it's been reported to me that this is one of best drugs ever built. And the kids like it. It does all sorts of things for them. They're smarter, quicker, better, run faster, at least from the inside that's the way they perceive it.

This is a huge, huge societal problem. And when you touch on funding it, I think Congress needs to look at all 13 appropriation bills and say, "What is the future of America worth?" you know, obviously, homeland security and the big issues are always there for us, but I think we need to look at what's going to destroy this country in the future. And if we keep having low graduation rates, if we keep having babies born here in Arkansas going into intensive care, I mean going right into Medicaid and all the way into Medicare if they live that long, we are creating a far greater tax burden on the next generation than any of us want to put there.

So I would ask that you continue not only what you're doing, which is great, I'm absolutely elated that you're here, I'm absolutely elated your committee is so committed to this, but we also have to look at the problems underlying this impressive level of perspective. We have to look at our resources, we have to look at hope, we have to look at education, and the whole rehabilitation process. You're not going to stop this drug by even taking this stuff off the shelves of Wal-Mart entirely. I promise you that's not the way to cure it. I don't know what the correct way is, but we can't fragment this thing. We have to look at it from a whole new perspective. My time is up.

I thank you, sir, for allowing me to be here, and I'm sorry if we had to poke a little too hard here.

Mr. SOUDER. No. Appreciate that.

[The prepared statement of Mr. Leach follows:]

Testimony of
Dr. Merlin D. Leach
Center for Children and Public Policy
A Division of The Merlin Foundation
12825 Hwy 412
Alpena, AR 72611

Presented to:

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

Bentonville Arkansas
June 28, 2004

Honorable Mike Souder, Chairperson

The Merlin Foundation, a public supported charity was formed in 1993 to provide services to victims of Child Abuse, Rape and Domestic Violence in rural Northwest Arkansas. As these services were provided it became abundantly clear that without the proper public policy and attached funding in place there would never be an end to the demands for money and the long lines of victims needing services.

In 1999, the Foundation's Board of Directors chartered the Center for Children and Public Policy. It's mission is to provide research, education and technical assistance to policy makers starting at the local and state level and, when fortunate opportunities such this come along, the National level with the goal of reducing and the dream of ending this constant flow of victims.

It is with that goal and dream I wish to present to this body today information to assist in the decision making process of your Subcommittee.

The other professionals on this panel have and told you of the many problems this destructive substance has caused to people and society from many perspectives. I wish to present to you a somewhat different look.

As a Policy Center we are often called Advocates for children, which I suppose is somewhat true, however, we prefer to think of ourselves differently. Since Congressman Boozman is here I'll use a sports example. True advocates are like members of a football team. They work together for the coach to win the game. That is their goal. Our position in this game is not for the coach, we are more like referees. We only want the playing field level so everyone has a chance to win. Our clients cannot vote, they are not seriously listened to by most people, and they don't pay taxes. They are, however the exact people who are suffering now and will suffer even more as they face the mounting federal deficit and a future of even greater health care tragedy this drug is creating. They are our children.

Before I proceed further I might mention the results of a couple of polls taken recently. In a Washington State poll last month, a survey of voters said that children's issues are the second most important issue facing the state, just behind the economy and significantly ahead of crime, taxes and homeland security. A full 45% of voters chose the health, education and protection of children as either their most or second most issue of importance.

In the same poll 56% feel Congress is not doing enough to address the needs of working families with children and 54% not doing enough for Kids. Additionally, 68% think more should be spent on health care for children and 62% think more federal funding should be spent on child abuse prevention. Lastly 85% of the voters say that it is important for candidates seeking office to talk about plans for makeing children a priority.

Our own polling in February here in Arkansas pointed out that 93% of the voters felt that child abuse, neglect and family violence should be on the campaign agenda. Sadly, 88% said Congress is not doing enough for women, children and Families.

I commend you, Chairman Souder and Congressman Boozman for this opportunity to address these issues and send a signal to the people that you do care and are listening.

Addressing the specific issue here today we see three classes of child victims. We see their immediate needs and the long term needs they and their peers will face as they take the helm of our Country.

The three classes of child victims are: Adolescent and teen users of this drug; children who are exposed to the drug and it's precursor chemicals in these clandestine labs; and babies born drug addicted and suffering from their drug addicted mothers.

As has been stated here while a small percentage of drug use in America is Methamphetamine, the damage both in related criminal activity and immediate and future health care costs exceed any other drug on the streets today.

It is well established that users suffer significant health and psychological problems caused by this drug. What needs to be factored in almost every case is that the typical user has to rely on Medicaid for treatment if they even get it. Further, it is unlikely they will ever become productive citizens of our society.

A child exposed to the end product and precursors in many cases will suffer physical, mental and potential learning difficulties for life. Again, usually under six years of age this child is also on Medicaid and often ends up in the foster care system. Again, highly unlikely to become a productive citizen.

Lastly, but by no means the least are those born of Methamphetamine Mothers. These children usually begin their life in intensive care and if they are fortunate enough to live through the ordeal, at best will be in need of taxpayer supported systems for life.

Our point is, Mr. Chairman and members of this Committee, this horrendous drug while representing a small percentage of total illegal drug use is creating hundreds of thousands who could spend their entire life living on Medicaid and into Medicare. With the admitted healthcare crisis facing our great country today we feel, if we don't devote maximum resources to stop this viciously destructive drug, provide research to deal with it's effects and comprehensive care and prevention programs our children who are fortunate enough to never be directly impacted by "Meth" will be severely impacted by the long-term burden.

While I have addressed the impact on the public of this drug I by no means want any of us nor any member of this Committee to neglect the pain and suffering these defenseless victims will experience because our generation didn't do enough to protect them.

In summary, Mr. Chairman, this is not just about an insidious drug. This is about the future of America, the future of our children and what we do today in the public policy and appropriations arena that will shape the outcome. We strongly recommend to Congress to re-evaluate the amount and specifically the redistribution of funding to rural methamphetamine law enforcement, treatment, healthcare and prevention.

Thank you Mr. Chairman for allowing me to be here today to speak for my country and our children.

Mr. SOUDER. Mr. Pyle, you're our clean-up person.

STATEMENT OF MICHAEL PYLE

Mr. PYLE. Thank you, Congressman Boozman, Chairman Souder, for this opportunity to share with you my battle with drug addiction and my road to recovery.

Thanksgiving weekend 1998 was the first time I used methamphetamine intervenously. Like many tragic stories of addition, my life quickly spun out of control. I lost a well-paying job, a marriage of 7 years, and my mortgage was foreclosed. I traded my personal possessions to feed my $100 a day habit. I eventually lost my freedom. For the next few years, whenever I was incarcerated, I swore I would never go back to the drugs. Every attempt to get clean on my own failed, and I got deeper into a criminal lifestyle.

On March 18, 2002, I was arrested once again and was introduced to the drug court program in Sebastian County. Upon release from jail, I was required to report every morning at 8 a.m. to the State parole and probation office. I began my drug court program by attending three group counseling sessions, three narcotics anonymous meetings, and three random drug screens per week. In addition to this normal drug court schedule, I also had one-on-one counseling sessions. I was also required to obtain and maintain employment. In addition to all these requirements, I was subjected to random at home visits by representatives of the drug court whom were allowed to search my living space at their discretion. I was forbidden to communicate with any criminals or people I used to associate with. Violations of any of the above requirements subjected me to drug court sanctions or dismissal from the program.

This strict supervision did not allow me the opportunity to fail or slip up. The program allowed me to recognize the situations and people that threatened my recovery. In previous attempts to get clean on my own, I had been introduced to Narcotics Anonymous and was unable to use the program for more than a few months without falling back into my old patterns. By requiring me to attend three Narcotics Anonymous meetings a week, drug court forced me to be disciplined enough to develop the foundation of NA principles that I live by to this very day. I'm grateful to NA for showing me the way to live without drugs and alcohol, and I am also grateful to drug court for requiring me to attend these meetings until the program became a cornerstone of my life.

During my drug court journey, I saw many people fail to live up to the requirements. Many were punished with county jail time and community service, while others were removed from the program and sent off to prison. The Sebastian County drug court's graduation rate is similar to the national average where very few make it through this strict regimen. However, for the few that go on to graduation, it means that a new chance at life that did not exist a few years ago.

In drug court, we're given tools and education that allow us to end the cycle of addiction. It's like being a cancer survivor who is in remission. My addiction is still a part of me, and I require treatment through my NA program, but I am able to live a healthy and productive life.

I have been clean of both drugs and alcohol since March 18, 2002. I went back to school and recently graduated from the University of Arkansas Fort Smith with a bachelor's degree in business administration. I am currently looking into attending graduate school. I have maintained steady employment since my release from county jail, and I am proud to say that I'm paying my taxes. I maintained a 3.8 GPA and was active in many school organizations. On graduation day, I was honored to receive the College of Business Student Service Award for my dedicated service to the college. This award is especially important to me because service to my community is one of the core principles I try to live my new life by. It is one of the primary reasons why I'm here today.

I would like for the public and the lawmakers to know that the old adage, "Once an addict, always an addict," does not have to be true. Alternative sentencing programs like drug court do work. The lock-them-up mentality and throw away the key is not the answer. Had I gone to prison or just gotten a suspended sentence, I don't believe that I would be before you today. To put a drug criminal through drug court costs a few thousand dollars a year, while housing them in a penitentiary with violent hardened criminals costs tens of thousands of dollars a year. From a purely economic standpoint, it makes sense to try to save these addicted souls. I do, however, support sending drug criminals like myself to prison as a last resort. I believe that the threat of going to prison helped me to recover.

For years our Nation's policy of fighting the war on drugs has involved increasing the sentences of drug criminals, and we have continued to build more and more prisons at great expense without much success at winning this war. Drug courts and other alternative sentencing programs attempt to win the hearts and minds of the addict. We spend billions of dollars a year as a Nation burning fields in South America trying to stop the supply of narcotics, but spend very few dollars on the demand side of business.

If my story can help an addict find recovery I believe that I am helping as much or more than any covert operation can do with winning the war of drugs. I know that I personally decreased the demand for methamphetamine in western Arkansas by over $100 a day. For many drug criminals, there is a pattern of bouncing in and out of prison. The only solution that makes sense is drug court. A study commissioned by the State of Oregon found that for every dollar spent on these programs, a savings to society is 10 times that amount. Another California study found that for a $14 million investment in drug courts, there was a total cost avoidance by the State of $43 million.

I recently read an article by the Institute for Applied Research that I'd like to quote. "What you learn in drug courts, which involve treatment for all the individuals and real support, along with sanctions when they fail, are a more effective method of dealing with the drug problem than either parole or probation."

Thank you, and God bless you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Pyle follows:]

K. Michael Pyle

Written Testimony

Drug Court Works!

I would like to thank Congressman John Boozman and Congressman Mark Souder for this opportunity to share with you my battle with drug addiction and my road to recovery. Thanksgiving weekend 1998 was the first time that I used methamphetamine intravenously. Like many tragic stories of addiction my life quickly spun out of control. The first casualty of my addiction was a well paying job. I justified to myself, the use of this powerful stimulant as necessary to enable me to meet the rigorous demands of my job. I soon found myself unable to do anything without methamphetamine.

The next casualty of my addiction was my marriage. I then lost my house and soon began trading or selling my personal possessions to feed my $100 a day habit. I became unemployable because every moment of my life was consumed with the getting and using of methamphetamine. This became my full-time job. I spent no time with my 3 beautiful children or the rest of my family. Looking back at this time in my life I wonder how they could still love me when I didn't even love myself. After destroying the lifetime of trust between my family and myself, the final casualty was the loss of my freedom. I was arrested and spent 54 days in 2 different county jails. After the fog of addiction left me I swore I would never go back again. Upon release from jail my family graciously took me in. My parents are wonderfully loving and just wanted to save their oldest son. I managed to stay somewhat clean for a few months until my parents went on vacation and entrusted me with their home. Two weeks later I had stolen $1,000 out of their checking account as well as several hundred dollars in credit card fraud against their accounts. I had destroyed their trust once again.

I spent the next year using sporadically and trying to maintain some semblance of a normal life, by holding down a job. The normalcy soon became insanity after being terminated for threatening a co-worker's life while high on methamphetamine. I then resigned myself to become a full time criminal to support my habit. I got involved with a group of career junkies who had all bounce in and out of prison their entire lives. I began to believe the only way to get back a semi-normal life was to learn to manufacture methamphetamine. I soon found myself manufacturing and trafficking full time. There are limits imposed locally on the purchase of key ingredients of meth. It was not uncommon to drive as far away as Chicago, Illinois to purchase these ingredients in any quantity desired. The people I associated with all bounced in and out of jail and it was only a matter of time before I was locked up.

On March 18th 2002 I was arrested in an apartment while police were serving an arrest warrant on someone in the apartment. I then spent the next 58 days in the Sebastian County jail. Once my head cleared, I swore to myself again that I would never go back to drugs. I believed that my current charges would only warrant another suspended sentence but I was wrong. My public defender informed me that I was looking at 2 years in the Arkansas Department of Corrections. This would mean that I would spend 4 months and 22 days as state property. Seeing as my felonies would only require me to serve 20% of the 2-

year sentence before becoming eligible for parole and that I had already spent nearly 2 months in jail, I was working with my public defender on trying to get a time served deal.

During a conversation with my father, while incarcerated, he suggested that I look into a new program called Drug Court. I told him that I had already filled out an application, but was afraid that I would not be accepted because of the limited space available. Every inmate that I knew had applied for drug court but only 20 spaces were available. I have much gratitude for Ben Beland and Amy Click in the Sebastian County Public defenders office, who were able to help me enter SDCD.

Upon release from county jail I was required to report every morning at 8 a.m. to the state parole and probation office. I began my drug court program by attending 3 group counseling sessions, 3 narcotics anonymous meetings, and 3 random drug screens per week. In addition to this normal drug court schedule I also had one on one counseling sessions. I was also required to obtain and maintain employment. In addition to all these requirements I was subjected to random at home visits by representatives of drug court whom were allowed to search my living space at their discretion. I was forbidden to communicate with any criminals or people I used to associate with. Violations of any of the above requirements subjected me to drug court sanctions or dismissal from the program. I believed that because of the difficulty in qualifying for drug court and the number of people desiring this opportunity that I had no room to fail. In my 15 months in drug court I was only sanctioned/punished once for talking back in a sarcastic manner to a counselor during a group therapy session.

This strict supervision did not allow me the opportunity to fail or slip up. I had tried two previous times to quit using on my own with no success. I was unable to recognize the situations and people that threatened my recovery. In previous attempts to get clean on my own I had been introduced to Narcotics Anonymous and was unable to use the program for more than a few months without falling back into my old patterns. By requiring me to attend three NA meetings a week, Drug Court forced me to be disciplined enough to develop the foundation of NA principles that I live by to this very day. I am grateful to NA for showing me how to live without drugs or alcohol. I am also grateful to Drug Court for requiring me to attend these meetings until the program became a cornerstone of my life. Because of the anonymous nature of NA I will refrain from discussing this fellowship any further, but I encourage anyone who has a problem to seek out this life changing organization.

During my drug court journey I saw many people fail to live up to the requirements. Many were punished with county jail time and community service while others were removed from the program and sent off to prison. The Sebastian County Drug Court's graduation rate is similar to the national average where very few make it through this strict regiment. However, for the few that go on to graduation it means a new chance at life that did not exist a few years ago. The recidivism rate amongst graduates is far lower than amongst similar offenders who were sent to prison. In Drug Court we are given tools and education that allow us to end the cycle of addiction. It's like being a cancer survivor who is in remission. My addiction is still a part of me and I require treatment through my NA program, but I am able to live a healthy and productive life.

I have been clean of both drugs and alcohol since March 18th, 2002. I went back to school and recently graduated from the University of Arkansas Fort Smith with a Bachelor's Degree in Business Administration. I am currently looking into attending graduate school. I have maintained steady employment since my release from county jail and am proud to say that I am paying my taxes. I maintained a 3.8 GPA and was active in many school organizations. On graduation day I was honored to receive the College of Business Student Service Award for my dedicated service to the college. This award is especially important to me because service to my community is one of the core principles I try to live my new life by. It is one of the primary reasons why I am here today. I would like for the public and the lawmakers to know that the old adage "once an addict, always an addict" does not have to be true. Alternative sentencing programs like Drug Court do work. The "lock them up and throw away the key" mentality is not the answer. Had I gone to prison or just gotten a suspended sentence I don't believe that I would be here before you today.

To put a drug criminal through drug court costs a few thousand dollars a year, while housing them in a penitentiary with violent hardened criminals, costs tens of thousands of dollars a year. From a purely economic standpoint it makes sense to try to save these addicted souls. I do however support sending drug criminals like myself to prison as a last resort. I believe that the threat of going to prison helped me to recover. For years our nations policy of fighting the war on drugs has involved increasing the sentences of drug criminals and we have continued to build more and more prisons at great expense without much success at winning this war. Drug Court and other alternative sentencing programs attempt to win the hearts and minds of the addict. We spend billions of dollars a year as a nation burning fields in South America trying to stop the supply of narcotics but spend very few dollars on the demand side of this business. If my story can help an addict find recovery I believe that I am helping as much or more than any covert operation can do to win the war on drugs. I know that I personally have decreased the demand for methamphetamine in Western Arkansas by over a hundred dollars a day.

While in county jail I spent time with a man who became a close friend. While talking we both agreed that we were going to kick our addictions. He went to prison and I went into drug court. In the time since those jail house discussions about changing our life, he has been released from prison only to return again and be released again. For many drug criminals this is the pattern. In and out of prison for short periods of time, because of the overcrowding that is an ongoing problem. The only solution that makes sense is alternative sentencing programs like Drug Court.

A study commissioned by the state of Oregon found that for every dollar spent on these programs the saving to society is ten times that amount. Another study in the state of California concluded that the $14 million investment in Drug Courts, created a total cost avoidance of over $43 million for the state. I recently read a article from the Institute for Applied Research, "What you learn is that drug courts, which involve treatment for all the individuals and real support – along with sanctions when they fail – are a more effective method of dealing with the drug problem than either probation or prison." Thank you and God bless America.

Mr. SOUDER. Judge Gunn, are people who go through your drug court program, are they voluntary? In other words, do they have to agree or are they assigned?

Judge GUNN. Oh, no, they have to agree. It's a voluntarily program. You mean for the candidate coming into drug court.

Mr. SOUDER. Yes.

Judge GUNN. Yes, sir. Yes, Mr. Chairman. Sometimes they have the choice of probation, OK, on a first offense, small amount of marijuana, or something like that, or they have the choice of going to the penitentiary, but it's strictly a volunteer program.

Mr. SOUDER. That varies from courts, certainly.

Judge GUNN. Yes, sir, they—yes, Mr. Chairman, they do vary.

Mr. SOUDER. In your graduation, what percentage of people who start the program finish the program?

Judge GUNN. Eighty-five percent.

Mr. SOUDER. So eighty——

Judge GUNN. So far. That start the program and finish it.

Mr. SOUDER. Finish it.

Judge GUNN. Is my retention rate.

Mr. SOUDER. Graduate.

Judge GUNN. Yes, sir.

Mr. SOUDER. From the program.

Judge GUNN. That's correct. Eighty-five percent.

Mr. SOUDER. And when you say you have a 12 percent recidivism, is that over—how long do you track?

Judge GUNN. We track every 6 months on every person that's ever been in drug court.

Mr. SOUDER. And how long have you had the drug court?

Judge GUNN. Full-time for 3 years; part time in 1999. So about 5 years.

Mr. SOUDER. Mr. Pyle, when you went through the program, you alluded at the tail end that had you not had the threat of going to prison, you're not sure it would have worked as much. Had you gone through any drug treatment programs before? You said you had tried on your own to stop in Narcotics Anonymous, and stopped going. Had you been through a drug treatment program, multiple-treatment programs?

Mr. PYLE. I did an outpatient treatment before for marijuana use, before I ever tried methamphetamine previously. Unfortunately, the way my disease progressed, it always ended the same way, with a multiple months stay in the county jail. My cycle of addiction always ended that way, and it always ended with me swearing that I going to kick this thing and go to meetings. And without that constant supervision, I can lie to you, I can lie to my family, I can't lie to a urine—you know, dip stick in the urine test.

Mr. SOUDER. Do you know other meth users?

Mr. PYLE. I try not to associate with them anymore.

Mr. SOUDER. No, no. But when you were doing drugs, you got to know other meth users?

Mr. PYLE. Yes.

Mr. SOUDER. Do you know any who didn't start with marijuana?

Mr. PYLE. Marijuana, you know, I've heard that argument it's a gateway drug, and I truly believe it leads to other things, if the ad-

dict is inclined. You know, me personally, I was always looking for something new.

Mr. SOUDER. There are some drugs where you can skip marijuana. I just haven't heard that meth is one that you can skip marijuana. Some people go to OxyContin without having——

Mr. PYLE. Well, I'm not an expert on the nature of addiction, and, you know, every individual's case is——

Mr. SOUDER. But as far as you know, everybody you knew who did meth also had done marijuana and were looking for a better fix?

Mr. PYLE. The come down off of methamphetamine is very difficult, and one of the ways that's used to come down is to smoke marijuana.

Mr. SOUDER. Would alcohol do that to you?

Mr. PYLE. Yeah. Yes. I was never a drinker.

Mr. SOUDER. How did you get introduced to meth? You didn't cook it.

Mr. PYLE. I eventually progressed into running with some of the people he was describing in his—I forgot the name of your piece about, you know, the little organization that thought it was, you know, organized crime, but, really, it was just a bunch of addicts that were having some dreams of easy money. But I spent a great deal of time in my early addiction to methamphetamine, just simply selling off the possessions that I'd accumulated through my life. And then I eventually reverted to crime because it was the only way to feed my habit.

Mr. SOUDER. And then once you reverted to crime, did you eventually start cooking because you couldn't afford it or because you needed to sell to raise money?

Mr. PYLE. In my written testimony or—I mean, I talk about the fact that I saw it as the—as manufacturing as the only way for me to sustain my usage and pay for this lifetime of addiction that was a full-time job.

You know, there were many days when I was a gopher that I visited every Wal-Mart, sometimes multiple times, you know, and it's a little step that limiting the pills to two or three packages, but, you know, a paranoid drug addict doesn't like to break out his driver's license at the pharmacy counter. So we started looking for other ways to get the quantities of ephedrine. And you alluded earlier to—I took a couple of trips, overnight trips, to Chicago, IL, because I could walk into a Walgreens in suburban Chicago and buy ephedrine by the case. Buy $800 and $900 worth of generic pseudoephedrine pills in Chicago because they don't have a methamphetamine problem. So—and, you know.

Mr. SOUDER. Who tipped you off to that?

Mr. PYLE. That was actually a career criminal from your State, sir, who was—who had heard some time down, and he actually encouraged many of us to try to move to Indiana where the grass was greener, he said. So—I think he's doing Federal time right now.

Mr. SOUDER. You said you were looking for a constant, better high. When you got to the meth, did you still want to seek a better high or was this plenty high?

Mr. PYLE. That was all I needed. That was—after putting meth intravenously with the help of another junkie, I leaned back on the

couch and then looked at my wife—my then wife, and said, "Darlin, you've got to keep me away from this. This will kill me." It was like a foreshadowing of what was to come.

The next few years, you know, I lost 100 pounds, I lost everything that meant anything to me and betrayed my family. And I—my wife—my life was saved through the drug court program.

Mr. SOUDER. I will ask you one other question. You said you were told about Illinois by somebody from Indiana. Was that person down here in Arkansas? Is it somebody you knew from where—how did that information network get connected?

Mr. PYLE. Criminals hanging with criminals. These—the gentleman who was—I won't call him a gentleman. The criminal that I was working for, basically, had done time with a guy we called Indy because he was from Indiana, and they associated together. We had night vision, we were on a hilltop mountain in eastern Oklahoma. And they made us all carry guns. And when we weren't—when they weren't cooking, while we were watching, they set us up to do gopher runs. Go to Chicago, go to as many Wal-Mart stores as possible, go to as many Dollar Generals.

I think the pill issue, it's a nice effort to try to change, but addicts will go to any lengths to get the ingredients. And there's also a way that it's in feed. Ephedrine is in feed, cattle feed and such. It's not as high quality ephedrine that—the pharmaceutical, of course, is preferred, but it's a low grade ephedrine that's found in many cattle feeds. And you can—it's just in so many things that restrictions on it, I don't see, as the answer. You've got to end the cycle of addiction.

Mr. SOUDER. Let me ask you another question. If we called them up, other guys who were in your gang, and put them into Judge Gunn's drug court, do you think they would have the same reaction as you? In other words, how much of this is that you were ready? I mean, I'm a big supporter of drug courts. Actually, in my home area, Fort Wayne, Indiana, was one, I think, of the first three. In 1996 maybe. And I go to the graduations, and I've seen—look, people say 12 percent recidivism. Hey, if you can get down to 70 percent, you're doing pretty good. If you can get it down to 30, you're doing pretty good. If you can get it down to 12, you're doing really good.

I'm a big supporter of drug court, but I'm wondering how much of this is you had a family that you felt you had betrayed, you had a job, you're employable, you clearly now were able to go to school. You scored 3.8 at school, which not everybody who is a meth addict is going to be able to do. You had a support network similarly around you. I think I met your father earlier. What do you believe—what's our realistic range here?

Mr. PYLE. I think even if you're saving 10 percent, all you're doing is delaying the inevitable which is just sending them to an already overcrowded prison. You know, the gentlemen—or the people in question, I'm trying to refer to them nicely, they were career criminals. Most of them had been in an institution. I was different in that respect. I did not get involved with criminal activity until getting involved with methamphetamine.

Mr. SOUDER. You're saying the sooner we catch them, the more likely we are to turn them around?

Mr. PYLE. Yes.

Mr. SOUDER. More support network, more likely we're able to turn them around.

Mr. PYLE. I think if they've already gone to prison, they're getting to the point where they're set in their ways, unfortunately. There are exceptions. You know, one of the people that I graduated from drug court with had been down to prison four different times. And to my knowledge, I saw him a couple of months ago, and he's been clean as long as I have.

Mr. SOUDER. Doctor, I notice you work with lots of kids and families. What's your reaction to his testimony and how would you expand on that to a higher risk, low income, little hope.

Mr. LEACH. Well, No. 1, I would testify that he's telling you the truth, because I hear it a lot. Unfortunately, I'm not hearing it enough as far as a success story, but as far as victims of crime or the activity, it's very exact. You get into this malaise and then you find a way out. One of the things that I think we need to look at, and it's probably congressional, what you're doing is absolutely needed. You know, looking at it from a drug perspective, and the DEA perspective and the prosecution's perspective, and a rehab perspective, but I think we also have to look at is what are we doing with the youth of America? What are we telling them? Where are they going, you know? And I think this may sound way out there to you, but when you look at the Enrons and I've had kids tell me, "Well, if I make enough money to hire the best lawyer there is, I'm unconvictible."

The kids are really smart today. They're doing some real dumb things. But there's a smart generation coming up here, and I think we're going to have some spectacular future Congressmen and Congresswomen. But the ones without opportunity are just as smart in most cases, and they're going to make it. And if by hook or by crook, then in my generation you just didn't even make it. That was not a choice. You played by the rules.

Now the people who—and looking at television and looking at the news and that, most of the people who really made it have some little piece of shade on the side. And so it's a society issue, and I'm just going to say if you feel like you're frustrated in that you're fighting a huge battle not just the drug battle. We're fighting for the morals and the ethics of this country. And how the children are looking today at public servants, more and more public servants are in the Federal penitentiary and more and more public servants are getting off with kind of their gold wings.

And these big corporations, it's a huge, it's a giant problem. And I think doing the restricted packaging, all this stuff helps, but I think we really need to look at what are we doing for the youth now? Because what we're handing them is best efforts, and it's just not good enough.

Mr. SOUDER. Congressman Boozman.

Mr. BOOZMAN. Judge Gunn, tell me about the drug court, you really do honorable things. Michael was actually a product of the Fort Smith court that also does a tremendous job.

Judge GUNN. Yes, sir.

Mr. BOOZMAN. You work with people like Michael and help bring them around. Tell me about your going to the schools and actually

taking court to the students in a sense with a preventive aspect now.

Judge GUNN. All right. Thank you. Well, for drug court to be successful, you have to be—it takes incredible structure, as this gentleman has suggested to you. If someone is non-compliant, I mean 99 percent compliant, they're before me in 3 days. I don't accept anything but 100 percent compliance. So when we go to the schools, if you—I've got 120 people in my program right now, 10 percent are going to have some level of noncompliance. And what I'll do is I'll revoke their bond, I'll throw them in jail, if they're positive for alcohol, marijuana, let alone, heaven forbid, meth, or I put them in residential treatment.

So when we go into the schools, we have a written protocol because the security's at issue. And we may have 6th grade—I try not to take more than 250 children. And in the school gymnasium or auditorium, it takes incredible security because you have to separate the children from the felons. Because you've got people in jail that are shackled coming up before the children, and then I've got people that may test positive or be noncompliant that I'm going to throw in jail. OK? Or put in residential treatment. And it's a reality check for children. It's just a reality check to them.

And of every person in drug court, I tell them, "It's part of the program, OK, if you come in, we're going to go to the schools." And they have told me routinely that—perhaps maybe not 100 percent of them, but a great many of them have said, "If I had seen this when I was 10 years old, I probably wouldn't have taken that first joint." It's the marijuana and the alcohol that are the gateway drugs that I see the most of. So, hopefully, it's effective in the schools.

Mr. BOOZMAN. You're shaking your head, Mr. Counts. You want to join in? She was talking about marijuana and the other being the gateway drugs.

Mr. COUNTS. Again, I——

Mr. BOOZMAN. Alcohol.

Mr. COUNTS. As far as the gateway drugs, I don't see many. I think that's an exception rather than the rule that somebody would start with cocaine, methamphetamine, or heroin. I mean, it's progressive. And I think a great deal of that has to do with just simple availability. The more you hang around in that environment, somebody is going to have something that you're going to be able to try.

But, I mean, this—in our facility, I think everyone, I mean, alcohol is by far the most abused drug in this Nation. And, in reality, I mean we're talking about crime again. It's up there above anything else. So I think the message to not only prevention but that intervention and teaching what addiction really is. We've hidden that for years; although we've known that since 1954. Even the American Medical Association with the message has been Just Say No, but—as an example, but there was never a contingency when we know that there were going to be children or adolescents who were going to be using. And we never offered an alternative that just if you made a bad decision, if you made a mistake, you know, we understand that, so here's what we can do now. But we just kind of left this hanging out there to dry.

Mr. BOOZMAN. I appreciate your testimony, Dr. Leach. I've seen the work that you do and see how hard that you work in the centers and things that you participate with and the good work that you're doing. It does seem like the effort that Miss Gunn is doing, as you mentioned, how society kind of glosses these things over. That it's kind of cool to maybe be out smoking a joint or doing whatever. It does seem like this type of real hard, this is what it's really about with seeing the guy shackled. That does seem like that's a reality check.

The other thing I would like to ask you about is the effect this is having on our women's shelters. I've had the opportunity to view those with you. Tell me what's going on there, Mr. Leach.

Mr. LEACH. Well, one of things this drug does in addition to the paranoia and all the medical ramifications, it's a deinhibitor. And by deinhibiting, it also breaks down any kind of fear of law enforcement, fear of laws, and so forth, and so you add a little paranoia to these shelters and stuff, and when you're really upset, and you come home, and your wife's giving you a bad time, and you're on this stuff, one is the paranoia; she's not on your side anymore.

Two, there's just the sheer devaluing of the judgment process where smacking around doesn't mean anything. And, three, you have no idea of the intensity. When these people get violent on this drug, it's a no joke violence. I'm an old man, and I can't imagine what I can do, but I know that if I were on that drug, I can do at least twice as much. Whether it's a law enforcement officer or my spouse or my child.

So what you see is greater damage, more irreparable damage and greater fear on the part of the victim. In this case, you know, there's obviously the female victims in domestic violence. We experience mostly female victims. When you have that kind of paranoia that's been addressed here today, where these people are hanging out with guns and going nuts about, "You squealed on me," and they're going to kill you. And you know their judgment is flawed, and they point a gun, and they can kill you. This isn't about morals and ethics or whether or not I kill people or not. There are good friends that kill people. This is like, "If I don't kill you, I'm going to die." And so many women are more inclined to go back out of fear.

Fear is a big factor to go back. Lack of money is another factor to go back. There's a lot of other factors that's going on as well. But this intensifies that problem. It intensifies the child abuse problem with it. In the Children's Advocacy Center it is appearing also. So all of these things, it's just a complete terrorizing of the family, the family structure.

This is the most destructive drug I have seen in my life. I've been around probably as long or longer than anybody in the panel. This stuff is horrendous. It is unbelievably bad with what it's doing. It's not like anything else. This drug is set at 25 percent of the drug use in America as opposed to all the others. This thing is going to get us. Cocaine is tough, but cocaine is also for the most part expensive. Heroine is tough, but people have figured out heroine for the most part, but it is coming back. LSD, that's just some crazy stuff. It's floating in and out of the high schools again today, but it's not going to go anyplace. But this stuff is real.

What you're doing today, what you're doing around the country, it has to be done. Something has to come of this, because this is the most destructive thing of human life that we've ever had in this country. Did I answer your question, or is that just too brief?

Mr. BOOZMAN. No, that's very good.

Mr. Dufour, I really do appreciate the example that Wal-Mart set. Not only this, I know that you-all are very active in the Red Ribbon Enterprises and things like that. You mentioned that in high crime areas and shoplifting and stuff that you actually put it behind the counter. So you're in a situation where you have stores behind, you've got stores without stuff, and for all this testimony about the tremendous problems with this stuff, is it an unnecessary burden? Is it a tremendous burden to the storekeepers, the retailers, if we do put it behind the counter?

Mr. DUFOUR. It's more of an issue for the consumers, having it available for them, because pseudoephedrine is a very effective medication for folks' treatment, coughs and colds and nasal congestion. So our pharmacists have been educated on this issue; they understand it. If our pharmacists in a local area believe it is a problem, it's being stolen, or it's being abused, they have the opportunity to move it behind the counter themselves. So we do it on a store-by-store basis with our local folks. But the balance is—it's not readily available to the consumer to use.

Mr. BOOZMAN. Mr. Chairman.

Mr. SOUDER. I wanted to, if I can, just followup on that a minute. You mentioned that you had some stores and some high risk areas. Do you know how many that is?

Mr. DUFOUR. It was just a little over 500 the last time we surveyed.

Mr. SOUDER. 500 that put it behind.

Mr. DUFOUR. Yes, sir.

Mr. SOUDER. OK. I see. So you said over 500 stores noticed high theft or unusual uses. Is that usually law enforcement that come to you, or do you notice it internally?

Mr. DUFOUR. No, we do an awareness program with our pharmacists. They understand. Most of them get it. I mean, understand what the issue is. If the pharmacist, if their opinion is that the medication needs to be behind the counter, they'll make that decision themselves to pull it back. We get a survey of our stores to find out how many have done that. From the last survey, it was just over 500.

Mr. SOUDER. If law enforcement came to you in a given area, would you—are the pharmacists contracted out in most cases?

Mr. DUFOUR. No, they're company owned.

Mr. SOUDER. So if they came to you, you would work with local law enforcement as well?

Mr. DUFOUR. We have worked with local law enforcement, and it's a judgment call on the pharmacists. I mean, if the law enforcement agency came in and said, "Will you put it behind the counter in all the stores in the State?" we would have to take a look at that and say, "Is that reasonable?"

Mr. SOUDER. Yeah, they'd have to give you some kind of—I was thinking more of county or, I guess, the targeted areas.

Obviously, we could go on for a long time, and, Mr. Hoggatt, were groups like yours—before I do that, I want to make a comment on Wal-Mart, because one of the things that often is lost when we have a single hearing is the context of how many things and challenges you have on these type of things, particularly as the largest retailer in the world. But we held a hearing down in Houston on baby formula being stolen, and Wal-Mart sent a representative down to testify. Because in Texas, this is a huge issue. It's spreading into Oklahoma, as we heard in Texas, spreading in Arkansas and other areas. And it's incredible the millions and millions of dollars in baby formula that's stolen in this market, and particularly we have some very difficult Al Qaeda network who are funding some of their Al Qaeda efforts from stolen baby formula.

So the next thing is, we're asking Wal-Mart to put baby formula in controlled areas where people can't get to it, and then the ephedrine, the pseudoephedrine, and it is a huge challenge as a retailer how to keep market share when this isn't demanded elsewhere and when everybody else isn't doing it and when most usage of it is above board.

We appreciate your working with us and we understand that puts extra pressures on your corporation. But literally, in Florida, it still astounded me that there are more deaths from the Oxycodones and hydrocodones. Legal medications. There are more deaths from overdose in those two drugs than there are from all illegal drugs combined in that's why the President was talking not only about steroid use but legal drug abuse, that we're talking methamphetamine is up to 8 percent. Hasn't been—maybe it was 6, maybe in some areas it's pushing higher, but it hasn't really changed nationally as much because we have other new things that are coming on, that's abuse of the illegal drugs, not to mention the story of alcohol problems, that just are overwhelming.

And this is a much more difficult challenge in the society when most of your deaths are coming from legal drugs. And the amount of black market money, so to speak, are coming from ephedrine, pseudoephedrine, baby formula money, and other things, and what kind of pressure that puts on our system to sort through. Not to mention the whole Canadian question of Internet pharmacies and the competition that isn't restrained elsewhere.

Do you have a followup to that, Mr. Dufour? You looked like you wanted to say something.

Mr. DUFOUR. Well, I think you said a lot, and it is a challenge for retailers to keep up, not only with Federal laws but with State and local ordinances. We work very hard at that. The one thing that I do appreciate is the cooperation that we've had and the partnership we've had with DEA in every case, whether it was the agent out of Little Rock or Washington, DC, or some other area. We've had very good success working with them as well as a lot of the local sheriffs' departments. We want to appreciate that cooperation.

Mr. SOUDER. Well, we've had a long hearing. I wanted to share a couple of things with you and make sure the record reflects there have been some statements that haven't been, I believe, completely accurate about what the Federal Government is doing, and I want

to put in context of what we're trying to do from our end and how this hearing fits into that.

First off, it isn't inaccurate to say, as somebody was saying Columbia a lot, Columbia and South America represent about 10 percent of the Federal dollars. Drug treatment represents about 60 to 70 percent of Federal dollars in what we do in law enforcement. And State and local law enforcement is another chunk of that, counting DEA. But there is a common street notion in and around the country that we spend most of ours on international, which isn't true, or that we spend most on law enforcement, which isn't true.

Furthermore, most of our funding of drug treatment doesn't come through direct Federal funding, it comes through indirectly through other programs. Whether it's insurance, tax write offs that people have, through mental health assistance, through Medicaid assistance. And so in addition to what I said was direct Federal, we spend far more in treatment than we do in law enforcement intervention.

Now, depending on whether you want to count State and local, which is a whole different thing, including, by the way, sentencing laws because we've had this debate, if you wind up in jail for usage in the Federal system, you're rare. In spite of 60 Minutes, because we've had fencing with 60 Minutes, and they edited me out of the show because they didn't like the Federal numbers. The fact is, there are only about 600 people who are in Federal prisons or in for usage. And most of those are negotiated sentences. They couldn't go to nail them for distribution, so they went for usage.

When you hear the sentencing problem for usage, you're mostly talking State and local where there's been a proliferation. Quite frankly, the Federal Government doesn't have prison room, judges, marshals, to lock up the people who are dealers. As you heard me say earlier, 400 pounds in El Paso. OK? We were having a hearing on a Lakota—on an Indian reservation on the Arizona border, they had 1,500 pounds the previous year, and I think this was in 2002. So it was 2002, they had 1,500 pounds. In January through March they had 1,500 pounds that they had seized. This is marijuana in addition to cocaine that was moving through there.

During our hearing, because these idiots kept running this stuff while we had all these Federal officials there, they caught 500 pounds, 400 pounds, 300 pounds, 200 pounds, got a 700 pound later that day. They had nearly 2,000 pounds running through that zone in this particular area. And, literally, they don't even mess with arresting a lot of them because our borders are, basically, for the most part not very tightly controlled.

Now, the reason I say that is here's the basic from the Federal Government approach that we're trying to do. To the degree that we can eradicate the drugs—now I'm speaking mostly cocaine, heroin, and some degree marijuana, at their source, we get it with the least amount of people being damaged. To the degree it moves out of the country and into the Caribbean up through Mexico, it's spreading out and harder to get. The degree it gets in the United States, it's harder and harder to get. To the degree it gets into northwest Arkansas, then it's proliferated so much that we're dealing with a totally different nature of the problem.

Similar with ephedrine and pseudoephedrine. To the degree we can get more controls over in Amsterdam and Rotterdam and Belgium, we won't have to worry about every single Wal-Mart and whether they're going to 18 Wal-Mart stores, because the stuff is mostly coming from one area of the world and from one place. And to the degree that we can control our harbors, to the degree we can control the entrance levels, once it gets into the pharmacy level, it is very difficult, particularly—you just are fairly overwhelmed. So we have a percentage trying to do that.

Now, so eradication, interdiction, and then the law enforcement question. We are attempting to initiate several drug treatment type initiatives. The President has proposed an increase in that, and we increased it in the last session. We're trying to do it again. We're trying to look for accountability programs.

For example, I'm a big believer, as you said, you know, you can't lie in a urine test. And certainly not in the hair follicle test, which make it a little more difficult if on top there's not any hair. As we do drug testing and have real accountability, it isn't to play "Got ya," and throw somebody in the prison, the goal is that you're not helping somebody if you don't really know whether they're progressing. And you've got to put accountability in the systems and drug treatment. But we're wrestling, because, clearly, the length of time, comprehensiveness, whether there are support groups, and how we deal with a more holistic picture in the drug treatment is one of our challenges.

Our prevention programs, quite frankly, are not particularly effective. And we're trying to make them more effective. We put a whole bunch of new variations into drug free schools. I'm still not convinced as a person who wrote almost all of the last drug free school laws that it's particularly effective or targeted.

The Community Anti-Drug Coalitions that Congressman Portman developed and went through our committee on an attempt to do more what you're trying to do at the local level. In other words, if you can get activists in the community often who either are parents who struggled with it, people in the neighborhood who are concerned about it, those people can work to help identify and try to reach other kids. I can't tell you what a great idea of having the drug court at the schools is as part of this effort to communicate the consequences.

Almost every prevention program, even though they understand that the threat only will reach part of the people, the fact is, even the most effective—we're going to take them to the movies, we're going to play basketball, and we're going to do this, and so on, and if you don't, you might go to jail, it's always a part of that in having that be part of that.

And I want to make one other comment on the Just Say No program. That, in fact, in the United States from our perspective, and I'm just going to say this overtly. As a committed Christian, I believe that ever getting rid of the drug problem's chance is zero because there's always going to be sin in the world. We're never going to eliminate child abuse, we're never going to eliminate spouse abuse. The goal isn't zero. And if you say you're going to get rid of it, you have a false thing. Every day somebody new is exposed,

there are different problems, and you're never going to eliminate sin.

And with that context, the goal that we have, is we try to limit it as much as possible, make it as hard as possible, make it as infrequent as possible. And it's true that over the course of history, we haven't eliminated drugs, but the fact is, we've had some huge up and downs. And, interestingly, the Just Say No program from 1981 to 1992, we had 11 straight years of decline. From 1992 to 1994, for a variety of cultural reasons, including a cutback in interdiction dollars of 75 percent, including a "I didn't inhale" type of an attitude, we would have to reduce drug abuse in the United States 50 percent to get back to 1992 from right now. We had such a soaring increase in 2 years.

So this thing is going up and down when you look at it in its totality. Furthermore, I often hear from kids, and I know all you hear this, "Well, why is marijuana illegal? Alcohol isn't illegal." Well, I doubt if we'd have made it legal, if we were starting right now. Second, that we have constricted alcohol almost every year tighter. Accountability on bars, accountability on drivers, accountability in selling to minors. Just like we're choking the tobacco industry.

Now, you can argue whether marijuana and alcohol have the same impact, or whether we'll ever completely eliminate it, or, for that matter, whether we're even going to enforce the marijuana laws, but the fact is, is that in the structure, we have to deal particularly with minors and increasingly in our society in usage. Part of the prevention effort needs to be targeted toward the clusters and the exposure to drugs, alcohol, and tobacco. Marijuana, tobacco, and alcohol as gateway type of things. And to refuse or to not acknowledge that those things are there when you're dealing with the meth question—today we're focused on meth, but, obviously, those are the biggest. They also go in waves. And often when you have one wave going up, you switch it, and enough alcohol will pop up when you reduce marijuana use.

But right now we're looking—we're at four straight years of total reducing of drug use in the United States. So even when you say—actually, it's more than four. It's about 6 years now—that when you look at something and say, "We failed," the fact is, we're making incremental progress. We have this huge national ad campaign which is one of our major national efforts, that has, in fact, gradually, not dramatically, reduced marijuana use in the United States and other drug use. Now, under that you'll have bursts of OxyContin, but the total amount of people who are abusing drugs right now is down in the United States. It's way too high, but if we constantly say, "Oh, it's hopeless," then why spend money on it; it's hopeless. If we're spending all this money and not getting progress, then we have a problem. I wanted to give you that holistic view.

In addition, on Thursday, Congressman Portman of Ohio, Davis of Illinois, myself, and Congresswoman Tubbs of Cleveland, introduced the Criminal Justice Package. The President in the State of the Union said, "We have to look at the prison population." Here's what's happening with locking up. Crime is down in the United States because we took criminals off the street. It's pretty simple.

Put all the criminals in prison, and crime is going to be down, so murder rates are down, violent crime is down, and you have it. But long term, that's no solution. Short term, it gets the crime rate down, but what do we do long term? In that long term, these reentry programs right now that we're trying to tackle is now that people are coming out, particularly those three and 5 years from the tough sentencing that we had a few years ago, we took them off the streets. So as they come back out, what are we doing as a society?

And so this comprehensive package that, hopefully we can pass yet this year, tries to address housing questions, education questions, job targeting questions. Things beyond just "OK. You're coming out of prison. Good luck." "Yeah, but what if people won't hire me? What if you can't get a place to live? What if you can't get in a job training program?" Now, we're not talking about violent criminals here, we're not talking about if you go out and you abuse it again. You're right. But we have to have a process of reentry if we're going to end that, which should start while they're in prison with job training, with preparing for reentry, or we as a society aren't going to be able to deal with it, and the individual isn't.

What I wanted to give you is an idea because while we're focusing on meth, in realty, we're focusing on a whole range of things from treatment and prevention and how we make those prevention programs more effective, whether it's community anti-drug coalitions, whether it's a National ad campaign, whether it's efforts in the schools and in the communities. And it's treatment programs, in the prison reentry programs, whether it's interdiction and so on.

Now, with meth, the danger here is, and here's the plain truth—I also sit on the Homeland Security Committee. If we do get our borders better protected and we enable the process of protecting our borders better, choke off some of the cocaine and heroin and other things that are coming in, then we'll just see an explosion of meth. Because unless we've eliminated the demand for drugs, which, you know, even if we've reduced it, we can produce this drug domestically. And trying to figure out what impact that has, because we're going to get better at sealing our borders. We're not going to get perfect, but we're going to get better at that, which means, in my opinion, meth problems are likely to increase because it's something we can produce in this country. And we've got to figure out, how we balance these laws on the PACs and people moving through. How do we get the pseudoephedrine? How do we control that? Are there really treatment methods that we treat meth differently?

And so part of our education process right now is, yes, the biggest threats in Arkansas are still marijuana, alcohol. My bet is if we looked at it, you'd probably have cocaine here pretty heavily, too. But meth is a way, when it's newly exposed, of all the media coverage that's occurring, all the focusing on it, we have a chance to shape the community attitude on meth yet, unlike on marijuana where we're battling a community attitude on it. And meth, if we can convince people, like LSD, like OxyContin, and some of these, that this is evil, that this is an extra great threat, to get ahold of this before it explodes even farther on us nationally. And clearly

in Arkansas, certainly in pockets of Arkansas, you're at epidemic proportion, and that's what we heard today with this.

But I wanted to make sure the record reflected and that you understood that this is just in the context of a much broader fight that we're fighting, and why we're particularly looking at meth, and why we're particularly in this area looking at meth, because, in effect, you potentially are not only modelling to some degree Arkansas and the region, but what could happen all over the Nation. Instead of 8 percent, we could be looking at 40 percent, and if we start seeing that at a National level, how would we even have EPA function, how could we have DEA function with the types of the things that you're talking about in a State the size of Arkansas? What about in Chicago? I mean, my lands, this stuff is bigger in one city. Or take Los Angeles where it's three times the size of the whole State of Arkansas. We wouldn't even begin to tackle it because your resources are just overwhelmingly strained here.

Do you have any final comments?

Mr. BOOZMAN. Well, I would just like to thank you for coming and bringing the committee and would like to thank the panel. I know all of you—I know what a tremendous job you do, and that you truly are experts in your field. And I'd also like to really thank Michael. I think that especially to be willing to get up and share what you've been through, what he's gone through, and, yet, I think it's a great testimony that there is life after.

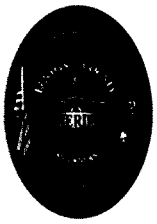
So, again, thank you very much, Mr. Chairman.

Mr. SOUDER. I thank all of you. And thank you not only for coming today, but for your work that has to be frustrating on a day-to-day basis, include working in all the drug treatment programs for so long with so many people. It's very important work. And I thank you.

Thank you very much. With that, the subcommittee stands adjourned.

[Whereupon, at 1:43 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]



Office of the Sheriff
Keith A. Ferguson

Chief Deputy
Don Townsend

Major
Gene Drake

BENTON COUNTY SHERIFF'S COMMENTS TO CONGRESSIONAL HEARING ON METHAMPHETAMINE JUNE 28, 2004

Methamphetamine, a highly addictive clandestine manufactured drug continues to be the scourge of Northwest Arkansas and consequently, Benton County.

ON A STATE BY STATE BASIS

In the year 2003, Arkansas with a total lab seizure of 543 ranked third in the Nation. Surrounding states, Oklahoma with 402 seizures and Missouri with 824 seizures ranked 5th and 1st respectively. It does not take a big stretch of the imagination to see that this county, bordering on both of these states, is negatively affected by the drug manufacturing there.

ON A COUNTY BASIS

In the year 2003, Benton County seized 30 clandestine labs and 17 labs year to date. Adjoining Carroll County seized 35 labs in 2003 and has already seized 20 labs year to date. Projecting 2004 based upon these numbers indicates a possible increase of 13-15% in lab seizures in Benton County for 2004. Historically this upward trend is not out of line with the past year to year increases. The problem, with its associated costs, is not going away! Rather, as this county continues to grow, everything I see indicates that the methamphetamine problem will continue to grow by leaps and bounds.

IMPACT TO BENTON COUNTY

The impact to Benton County comes in many forms. Law Enforcement manpower and equipment for interdiction and investigation, cost of incarceration, lost productivity to the community, increased specialized program needs in public schools, and the ever increasing costs of cleaning up the toxic waste resulting from the manufacture of Methamphetamine, just to name a few.

In 2004 the Benton County Sheriff's Office added 4 positions specifically to work on drug interdiction. The intelligence coming into this unit is overwhelming and more then these individuals can adequately process. This is compounded by the need for additional surveillance and documentation equipment as well as funds to operate "buy and bust" operations.

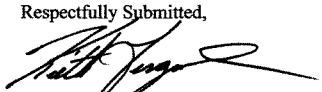
1300 SW 14th Street . Bentonville, Arkansas 72712 . Office 479-271-1008 . Fax 479-271-5792 . Email kferguson@co.benton.ar.us

The Benton County Sheriff's Office has made a commitment to utilize education of our young people and the community as a powerful intervention tool. New programs need to be developed, equipment and manpower made available to carry out this commitment.

IN CONCLUSION

The problems associated with the manufacture and use of Methamphetamine is not going away, but rather is projected to continue to grow. The most powerful tools available to us in an attempt to stem this tide are **ENFORCEMENT AND EDUCATION**. Both of these require manpower, equipment and funding. Assistance outside of the County budget is necessary and badly needed. Federal help is needed. The Benton County, Washington County, Jefferson County and Pulaski County Sheriff' Offices have been working with Senator's Blanch Lincoln, John Boozman and Senator Mark Prior in an attempt to get these counties designated as a HIDA area. We need assistance in accomplishing this. If something more is not done, and soon, this problem will continue to grow until it overwhelms us and the taxpayer.

Respectfully Submitted,



Keith Ferguson
Benton County Sheriff

1300 SW 14th Street . Bentonville, Arkansas 72712 . Office 479-271-1008 . Fax 479-271-5792 . Email kferguson@co.benton.ar.us

Cleaning up Former Methamphetamine Labs

Guidelines

Missouri Department of Health
Section for Environmental Public Health

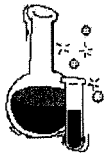
Why are we producing these guidelines?

The methamphetamine (meth) lab problem in Missouri is growing. Meth labs, used to make the illegal drug methamphetamine, are discovered in houses, apartments, motel rooms, sheds, or even motor vehicles. In 1998, federal, state and local authorities were involved in the seizure of more than 500 labs in Missouri alone, and the number of meth labs seized by law enforcement agencies increases each year.

As the problem grows, and agencies seek to restrict the products needed to make methamphetamine, the methods and the locations of its production are changing. This adds to the difficulty health and environmental agencies face in assessing meth related health risks.

The Missouri Department of Health's (MDOH) Section for Environmental Public Health has created these basic guidelines to assist property owners and the general public in cleaning up former meth lab properties.

How can you find out if a property has been used to make meth?



Currently, there is no comprehensive method for tracking or listing homes that were used as meth labs. MDOH is creating a list of reported addresses. Your local health department can verify if a property is on that list. You should call your local law enforcement agency to confirm that a seizure of chemicals took place on the property, and to obtain the name of any hazardous materials contractor who may have removed materials. The contractor should have information on what chemicals were present on the property. Additional information may be obtained from your county health department, fire department, or the owner of the property.

Why the concern about cleaning up illegal meth labs?

Properties used to produce meth will usually be found with a lab-like setting; including containers of chemicals, heat sources, and various types of lab equipment. Typically, after a lab is discovered by law enforcement, the bulk of any lab-related debris, such as chemicals and containers, is removed. However, it is possible a small amount of contamination is left on surfaces and in absorbent materials (carpets, furniture), sinks, drains and ventilation systems. Though found in small amounts, meth lab contaminants may pose health threats to persons exposed to them.

What are the meth lab contaminants?

The Environmental Protection Agency (EPA), working with MDOH, is seeking to identify contaminants found at former meth lab properties throughout Missouri. There are different "recipes" for making meth, each using different ingredients. The making of meth can also be performed in different stages at different locations. EPA has collected samples from houses, apartments, trailers, motels, and other properties after meth labs were seized. EPA concentrated its sampling efforts on areas to which a resident would most likely come in contact with contamination, such as a property's surfaces and indoor air – but EPA also took samples from containers, soil, drains, filters, vents, etc.

MDOH has examined sampling results and found many chemicals, not related to meth labs, that can be found in most homes. The more common household chemicals can be found in carpet, household cleaners and paints. These chemicals include; benzene, methylene chloride, trichloroethane, and toluene. It is suspected that meth-related chemicals include solvents, phosphorous, iodine, and metals.

What are possible health effects from exposure to meth lab contaminants?

Many of the contaminants present during meth's cooking process can be harmful if someone is exposed to them. These contaminants can cause health problems including respiratory (breathing) problems, skin and eye irritation, headaches, nausea and dizziness. Acute (short-term) exposures to high cencentrations of some of these chemicals, such as those law enforcement officers face when they first enter a lab, can cause severe health problems including lung damage and burns to different parts of the body.

There is little known about the health effects from chronic (long-term) exposure to contaminants left behind after a meth lab is dismantled. Until the contaminants have been identified, their quantities measured, and their health effects known, MDOH advises property owners to exercise caution and use the safest possible cleaning practices in dealing with a former meth lab property and any possible remaining contamination.

How can the property be cleaned up?

Since this is an emerging problem, there is currently no official guidance or regulations on how to clean up a former meth lab property for reoccupation. MDOH is working

to find an answer that will protect the public and be practical for property owners. Responses across the country to the cleanup of these properties have ranged from doing nothing to complete demolition. Until a cleanup standard is determined, MDOH advises owners to do their best to thoroughly clean up these properties.

MDOH believes the safest way to clean up a former meth lab is to hire environmental companies trained in hazardous substance removal and clean-up. Owners who clean their own properties should be aware that household building materials and furniture can absorb contaminants and give off fumes. Use caution and wear clothing to protect your skin, such as gloves, long sleeves, and eye protection during cleaning.

Some general guidelines include:

- **Air out the property**

After a lab is seized by law enforcement officials, professionals trained to handle hazardous materials are generally called in to remove lab waste and any bulk chemicals. During this removal, every effort is made to air out the property for the safety of the removal crew. For security reasons, the property is usually closed upon their departure. However, this short-term airing-out may not be sufficient to clear out all the contaminants from the air inside the home. Be sure the property has been aired out for several days before cleaning. After the initial airing out, good ventilation should be continued throughout the property's cleanup.

To promote the volitilization (dissolving into the air) of some types of chemicals, windows and doors may be closed and the temperature inside the home increased to approximately

90 degrees fahrenheit for a few days. After cleaning and heating is complete, the property should be aired out for three to five days to allow for any volatiles to disperse from the house. Open all the building's windows and set up exhaust fans to circulate air out of the house. During this time, the property should remain off limits unless it is necessary to make short visits to the property.

After the cleaning and final three to five days of airing-out, the property should be checked for re-staining and odors, which would indicate that the initial cleaning was not successful, and further, more extensive steps should be taken.

- **Contamination removal and disposal**

During the meth cooking process, vapors are given off that can spread and be absorbed by nearby materials. Spilled chemicals, supplies and equipment can further contaminate non-lab items. It is a good idea to remove unnecessary items from the property and dispose of them properly. Items that are visibly contaminated should be removed from the property and may be disposed of in a local landfill.

If you find suspicious containers or lab equipment at the property, do not handle them yourself. Leave the area and contact your local law enforcement agency or fire department. It is possible that some items may have been left behind after a seizure. If the property has been searched by a hazardous materials cleanup team, the items have most likely been identified and are not dangerous. However, some properties may not have been searched or some items may have been overlooked in the debris or confusion of a seizure.

Absorbent materials, such as carpeting, drapes, clothing, etc. can accumulate vapors that are dispersed through the air

during the cooking process. They also may collect dust and powder from the chemicals involved in the manufacturing process. It is recommended that these materials be disposed of, especially if an odor or discoloration is present.

- **Surfaces**

Surfaces, such as walls, counters, floors, ceilings, etc. are porous and can hold contamination from the meth cooking process, especially in those areas where the cooking and preparation were performed. Cleaning these areas is very important as people may come in frequent contact with these surfaces through skin, food preparation, etc.

If a surface has visible contamination or staining, complete removal and replacement of that surface section is recommended. This could include removal and replacement of wallboard, floor coverings and counters. If this is not possible, intensive cleaning, followed by the application of a physical barrier such as paint or epoxy is recommended. These areas should be monitored and the barrier maintained to assure that the contamination is contained.

Normal household cleaning methods and products should remove any remaining contamination. Don't forget to wear gloves, protective clothing, such as long sleeves, and eye protection. Again, ventilation of the property should be continued throughout the cleaning process.

- **Ventilation system**

Ventilation systems (heating, air conditioning) tend to collect fumes and dust and redistribute them throughout a home. The vents, ductwork, filters, and even the walls and ceilings near ventilation ducts can become contaminated. Replace all of the air filters in the system, remove and clean vents, clean the surfaces near system inlets and outlets, and clean the system's ductwork.

- **Plumbing**

While some of the waste products generated during meth manufacture may be thrown along the sides of roads or in yards, most are dumped down sinks, drains, and toilets. These waste products can collect in drains, traps, and septic tanks and give off fumes. If a strong chemical odor is coming from household plumbing, do not attempt to address the problem yourself; rather, contact a plumbing contractor for professional assistance. If you suspect the septic tank or yard may be contaminated, contact the local health department.

- **Repainting**

When a surface has been cleaned, painting that surface should be considered, especially in areas where contamination was found or suspected. If there is any remaining contamination that cleaning did not remove, painting the surface puts a barrier between the contamination and anyone who may come in contact with those surfaces. Even on those areas that people do not normally touch, painting will cover up and "lock" the contamination onto the surface, reducing the chances that it would be released into the air.

Should testing be done after cleanup?

If, after cleaning your residence using the guidelines in this pamphlet, you are concerned about any remaining contamination, or if your property still has an odor, visible staining, or causes physical irritation to those exposed, it is advisable to have the property evaluated and tested. Also, if you are concerned with liability issues, you should consider having the property tested. Sampling is an expensive option, but may provide peace of mind for property owners and families. You may want to contact your insurance carrier for advice and assistance.

Remember these steps to cleaning a former meth property:

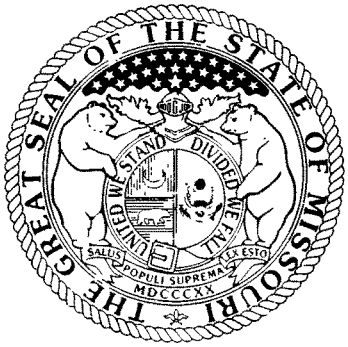
1 Determine if the property was used for meth production.
2 Air out the property before and during cleanup.
3 Remove all unnecessary items and dispose of them.
4 Remove visibly contaminated items or items that have an odor.
5 Clean all surfaces using household cleaning methods and proper personal protection.
6 Clean the ventilation system.
7 Leave plumbing cleanup to the experts.
8 Air out the property for three to five days.
9 If odor or staining remains, have your home evaluated by a professional.

If, after reading this brochure, you have questions, please call the **Missouri Department of Health at 1-800-392-7245**.

A copy of this brochure will soon be available at the Missouri Department of Health's web site at www.health.state.mo.us.

For more information contact:

Missouri Department of Health
Section for Environmental Public Health
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6111 or
(800) 392-7245
www.health.state.mo.us



MISSOURI DEPARTMENT OF
HEALTH

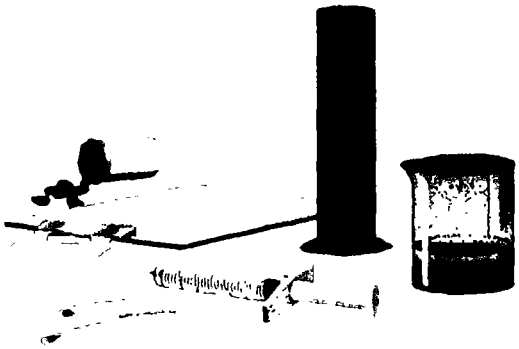
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

This publication may be provided in alternative formats such as Braille, large print and audiotape by contacting the office listed above. TDD users can access the above phone number by calling 1-800-735-2966.

951-09/99

Property Owner Guidelines for

Cleaning Up Former Methamphetamine Labs



Produced by the
Kansas Department of Health and Environment
Meth Lab Cleanup Program
July 1, 2000

Guidelines

Introduction

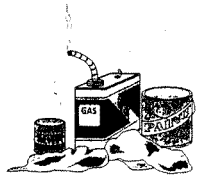
Methamphetamine labs are illegal clandestine operations set up to cook up one of the most dangerous drugs available today. Often these labs are set up in houses, garages, and motels without the knowledge of the landlord or property owner. This guideline is a resource for property owners in returning their property to a condition allowing safe occupancy.

The contamination present in a former meth lab can affect soil, ground water, air, furniture, and structure materials, such as flooring, vents, and walls. Many of the contaminants present during the meth cooking process can be harmful if humans or pets are exposed to them. The contaminants can cause health problems, including headaches, nausea, dizziness, and skin and eye irritation and burns. Short-term exposures to high concentrations of some of these chemicals are common to first responders, such as fire departments or law enforcement officers first entering a lab. These exposures may cause

severe health problems including lung damage and chemical burns to the body.

Cases have been reported where children and adults living in a house or other structure which formerly contained a meth lab encountered lingering health problems. There is little research about the health effects from long-term exposure to the contaminants left behind after a meth lab is dismantled. Until the contaminants have been identified, their quantities measured, and the health effects known; the Kansas Department of Health and Environment (KDHE) advises property owners to exercise caution and use the safest possible cleaning practices in dealing with a former meth lab property and any remaining contamination.

Exposure to meth residues may cause symptoms similar to those experienced by meth users. Meth affects the central nervous system and will increase heart rate and blood pressure giving the user a euphoric feeling, but with deadly side effects. Meth residues may be fatal to young children.



Exposure to volatile organic compounds (VOCs) may cause symptoms such as nose and throat irritation, headaches, dizziness, nausea, vomiting, confusion and breathing difficulties. Benzene, a potential meth chemical, is a VOC known to cause cancer.

Chemicals that are acids or bases will cause a burning sensation on the skin and in mucous membranes, and can cause severe eye damage. Exposure to hazardous metals and salts can cause a wide range of health effects including respiratory irritation, decreased mental function, anemia, kidney damage and birth defects.

The property owner is responsible for cleaning the property. A proper cleaning is essential to ensure the safety of all potential occupants of the referenced site in the future. The property owner is liable for all injuries resulting from contamination left on site. These guidelines have been established to assist the property owner's cleanup of former meth labs, which may help ensure the safety of their property and tenants.

How can a property be cleaned?

Since meth labs are an emerging problem, there is currently no official federal guidance or regulations on how to clean up a former meth lab property for reoccupation. KDHE is working to find an answer that will protect the public and be practical for property owners. Responses from across the country to the cleanup of these properties have ranged from doing nothing to complete demolition. KDHE has established Health Guidance Values for air samples to be performed at these former labs if deemed necessary by KDHE. If air samples are not warranted, it is still necessary to clean the former meth lab.

KDHE believes the safest way to clean up a former meth lab is to hire environmental companies trained in hazardous substance removal and cleanup. Owners that clean their own properties should be aware that household building materials and furniture can absorb contaminants and give off fumes. Use caution and wear clothing to protect your skin, such as gloves, long sleeves, and eye protection during cleaning. Smoking should not be permitted during the cleanup process.

General Guidelines

Air out the structure

After a lab is seized by law enforcement officials, KDHE and their contractor will remove lab waste, bulk chemicals, and obvious contamination. During this removal, every effort is made to air out the structure for the safety of the removal crew. For security reasons, the structure is usually closed upon their departure. The short-term airing-out may not be sufficient to clear out all the contaminants from the air inside the building. Be sure the structure has been suitably ventilated for several days before cleaning. Open all the building's windows and set up exhaust fans to circulate air out of the house. During this time, the property should remain off limits unless it is necessary to make short visits to the property. After the initial airing out, good ventilation should be maintained throughout the property's cleanup.

Contamination removal and disposal

During the meth cooking process, vapors are given off that can spread and be absorbed by nearby materials. Spilled chemicals, supplies and equipment can further contaminate non-lab items. It is a good idea to remove unnecessary items from the property and dispose of them properly. Items that are visibly contaminated should be removed from the property and may be disposed of in a local landfill.

If you find suspicious containers or lab equipment at the property do not handle them yourself. Leave the area and contact your local law enforcement agency. It is possible that some items may have mistakenly been left behind after a seizure. If the property has been searched by a hazardous materials cleanup team, the items have most likely been identified and are not dangerous. However, some properties may not have been searched or some items may have been overlooked in the debris or confusion of a seizure.

Absorbent materials, such as carpet and pad, drapes, clothing, etc. can accumulate vapors that are dispersed through the air during the cooking process. They also may collect dust and powder from the chemicals involved in the manufacturing process. It is recommended that these materials be disposed of, especially if an odor or discoloration is present.

Biohazards may be a concern due to use of methamphetamine on the property. These may include syringes or blood stained materials. Please be very careful if you discover any syringes to avoid accidental pokes. Syringes can be placed in an empty 2-liter bottle and disposed of at the local municipal solid waste landfill. If you are accidently pricked by a

syringe, contact your health care professional immediately. In the event that you discover blood stained items, please contact you local health department for advice on disposal.

Surfaces

Surfaces, such as walls, counters, floors, and ceilings, etc. are porous and can also hold contamination from the meth cooking process, especially in those areas where the cooking and preparation were performed. Cleaning these areas is very important as people may come in frequent contact with these surfaces through skin, food preparation, etc.

If a surface has visible contamination or staining, a complete removal and replacement of that surface section is recommended. This could include removal and replacement of wallboard, floor coverings, and counters. If this is not possible, intensive cleaning, followed by the application of a physical barrier such as paint or epoxy is recommended. These areas should be monitored and the barrier maintained to assure that the contamination is contained. **Removal of stained surface sections may have been completed by KDHE and their contractor during the initial cleanup. KDHE will not replace material removed or damaged during the cleanup.**

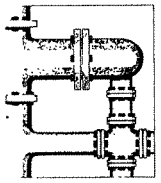
Normal household cleaning methods and products should remove any remaining contamination. Don't forget to wear gloves, protective clothing, such as long sleeves, and eye protection. Again, ventilation of the property should be continued throughout the cleaning process

Ventilation system

Ventilation systems (heating, air conditioning) tend to collect fumes and dust and redistribute them throughout a home. The vents, duct work, filters, and even the walls and ceilings near ventilation ducts can become contaminated. Replace all of the air filters in the system, remove and clean vents, clean the surfaces near system inlets and outlets, and clean the system's duct work.

Plumbing

Waste products generated during meth manufacturing are often thrown along the sides of roads or in yards, but most are dumped down sinks, drains, and toilets. These waste products can collect in drains, traps, and septic tanks and give off fumes. If a strong chemical odor is coming from household plumbing, do not attempt to address the problem yourself; rather, contact a plumbing contractor for professional assistance. Be sure to notify the plumber of the suspected chemical problem to ensure they wear the proper protective gear. If you suspect the septic tank or yard may be contaminated, contact the KDHE Meth Lab Cleanup Program staff at (785) 296-6370 for further direction.



Repainting

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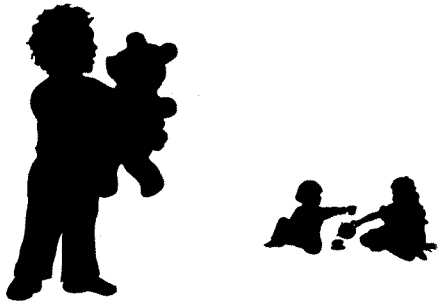
Should testing be done after cleanup?

Air testing is only ***mandatory*** when KDHE or the local health department has posted an order prohibiting use of the structure. When KDHE completes a cleanup of the structure, the air will be checked with field instruments to determine if additional monitoring is required. If KDHE requires air sampling at your property, an order prohibiting use of the property will be posted and the property owner will need to conduct a thorough cleanup and subsequently have air samples collected and analyzed. KDHE can provide you with a list of qualified contractors that can perform air sampling upon request.

KDHE or your local health department can provide the air quality parameters that must be analyzed. The analytical **results** should be submitted to KDHE or your local health department. An inspection of the property by local health officials or KDHE may also be necessary after sampling is conducted. After the site is determined to be safe enough for re-occupation, the order posted on the structure may be removed if the health based guidelines are met.

If after cleaning your residence using the guidelines in this article, you are concerned about any remaining contamination, or if your property still has an odor, visible staining, or causes physical irritation to those exposed, it is advisable to have the property evaluated and tested by a trained professional. Also, if you are concerned with liability issues, you should consider having the property tested. Sampling is an expensive option, but may provide peace of mind for property owners and families. You may want to contact your insurance carrier for advice and assistance.



Remember these steps to cleaning a former meth property:

1. **Air out the building before and during cleanup.**
2. **Remove all unnecessary items and dispose of them.**
3. **Remove visibly contaminated items or items that have an odor.**
4. **Air out the building for 3 to 5 days after the removal of unnecessary and visibly contaminated items.**
5. **Clean all surfaces using household cleaning methods and wear proper personal protection.**
6. **Clean the ventilation system.**
7. **Leave plumbing cleanup to the experts.**
8. **Air out the building for three to five days after cleaning.**
9. **If odor or staining remains, have your home evaluated by a professional.**

If, after reading these guidelines, you have questions, please call the Kansas Department of Health and Environment Meth Lab Cleanup Program at (785) 296-6370.

These guidelines have been established by the Kansas Department of Health and Environment - Meth Lab Cleanup Program. The Kansas Department of Health and Environment would like to acknowledge the Missouri Department of Health for permission to utilize their guidelines for the development of this publication.

Contact Information

KDHE Meth Lab Program Web Page

www.kdhe.state.ks.us/methlabs

KDHE

Meth Lab Cleanup Program
Forbes Field, Building 740
Topeka, KS 66620
(785) 296-6370

Kansas Bureau of Investigation

1-800-KS-CRIME (To report crime)

(785) 296-8200 (Headquarters, Topeka)

(316) 337-6100 (Wichita)

(316) 792-4353 (Great Bend)

(913) 671-2040 (Overland Park)

For more information contact:

KBI Headquarters
1620 SW Tyler
Topeka, KS 66612
785-296-8200
Fax 785-296-6781

KBI Regional Office
P.O. Box 3423
Wichita, KS 67201
316-337-6100
Fax 316-337-6099

KBI Regional Office
7700 West 63rd Suite 212
Overland Park, KS 66202
913-671-2040
Fax 913-671-2042

KBI Regional Office
625 Washington
Great Bend, KS 67530
316-792-4353
Fax 316-792-1850

Kansas Department of Health and Environment
Meth Lab Cleanup Program
Forbes Field, Building 740
Topeka, KS 66620
785-296-6370
Fax 785-296-4823

www.kdhe.state.ks.us/methlabs

– Paul Belt

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
JIMM LARRY HENDREN
CHIEF JUDGE
POST OFFICE BOX 3487
FAYETTEVILLE, ARKANSAS 72702-3487
479-444-7876
FAX 479-444-7897

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

Re: The Methamphetamine Epidemic in Arkansas

Dear Chairman Souder and Members of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources:

On behalf of the U.S. District Court for the Western District of Arkansas, I thank you for directing your attention to our part of the country in connection with the Drug War in which we find ourselves engaged. We particularly appreciate Chairman Souder holding a hearing on the matter in our area and are grateful to be allowed to submit this statement to the Subcommittee.

We have been aware of the growing methamphetamine problem in our area due to the cases which come before our court. If, as needed, Congressional initiatives aid our area in the continuing fight, we anticipate our work -- as the judicial body before whom federal prosecutions occur -- will significantly increase. We want to be ready, and fear that we may not be unless we, also, get some help.

The Western District of Arkansas is a rural area (well suited for placement of labs for clandestine manufacture of methamphetamine) comprised of six divisions: Harrison, Fayetteville, Fort Smith, Hot Springs, Texarkana and El Dorado.

We currently have three U.S. District Judges -- one located in the Southern part of our District who principally handles the Texarkana and El Dorado Divisions; one located in the Central part who handles the Fort Smith and Hot Springs Divisions; and one located in the Northern part who handles the Harrison and Fayetteville Divisions. Our District Judges are aided by two Magistrate Judges -- one located in the Southern part of the District and one located in the Central part of the District. Although we are currently seeking a third Magistrate Judge to assist us in the Northern part of our District, we have not yet been able to secure that position. Unfortunately, this Northern part of our District where I, as Chief Judge, sit, is the area in which we are experiencing the most rapid growth both in population and in methamphetamine manufacture.

The spectacular growth in population and workload in the Fayetteville Division, principally the counties of Benton and Washington, has affected the division of work between our Magistrate Judges. The 2000 Census recognized the Fayetteville Division as the eighth fastest-growing Metropolitan Statistical Area in the United States. Population increased from 222,508 in 1990 to 325,364 in 2000. In the most recent data provided by the U.S. Census Bureau the estimated population of the Fayetteville division at the end of 2003 is 356,040. This is a substantial increase of 9.4% since 2000. In 2000, Community Planners projected an increase in population to more than 360,000 by 2010. The estimated 2003 U.S. Census Bureau figures clearly indicate that the projection of 360,000 by 2010 was understated. Directly related to the dramatic increase in population in Northwest Arkansas has been the influx of immigrants to the Fayetteville Division. Many of the immigrants have moved to Northwest Arkansas to seek opportunities with Wal-Mart and with Tyson Foods. Unfortunately, however, many of the immigrants are in the United States illegally and have criminal records. Moreover, the influx has impacted community resources in Northwest Arkansas and has affected the work of the U. S. District Court.

As already noted, an unfortunate aspect of the growth in population in Northwest Arkansas has been a significant increase of illegal drug activities, particularly the manufacture and sale of methamphetamine. Based upon the testimony received by Chairman Souder, we expect to see even more of these activities. These trends have had a direct impact on the criminal workload of the Magistrate Judges. Methamphetamine cases, like other criminal cases, involve applications for wiretaps, search warrants, criminal complaints with arrest warrants, and preliminary hearings and detention hearings on such complaints. All of these matters occur before an indictment, and most are handled by the Magistrate Judges. After indictment, the Magistrate Judge presides over the arraignment, rules on discovery matters, and makes recommendations on pretrial motions such as motions to suppress -- providing invaluable assistance in preparing cases for trial before the District Judge.

In order to combat the increase in drug cases in Northwest Arkansas, the DEA and other drug task forces in the Fayetteville Division have grown substantially in the past few years. However, there has not been a corresponding increase in the allocation of judicial resources. Concurrent with the growing drug problem is the need to have immediate access to a Magistrate Judge who can issue orders to assist in investigations or in charging defendants. At the present time the two Magistrate Judges are located in Fort Smith (65 miles from Fayetteville) and El Dorado (300 miles from Fayetteville).

With the two Magistrate Judges we currently have, it is increasingly difficult for them to serve all six of our Divisions. This is particularly true for the Magistrate Judge located in Fort Smith, since she is trying to handle the work there as well as the increasing work in the Fayetteville Division. In order to properly address the growing problem in the Northwest Arkansas area, we need a third Magistrate Judge to be located in Fayetteville. We assure you

that we will continue our efforts to secure that additional Magistrate Judge so we will be in a position to properly and expeditiously handle the expected increase in drug-related prosecutions in the Western District of Arkansas.

Thank you again for giving attention to the growing methamphetamine problem in our area. We hope that you will see fit to propose initiatives which help us address the problem and that those initiatives will take into account the needs of the U.S. District Court for the Western District of Arkansas in that regard. We will be pleased to supply any further information you may desire concerning the matter.

Respectfully Submitted,

Jimm Larry Hendren
Chief Judge
Western District of Arkansas

Statement by John P. Walters
Director, Office of National Drug Control Policy
Before the House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
June 28, 2004
"Federal Support of State and Local Governments in Fighting Methamphetamine in Our Rural Areas"

Chairman Souder, Representative Boozman, and distinguished members of the Subcommittee, I am honored to discuss the President's *National Drug Control Strategy*, and particularly how the Administration is fighting methamphetamine in our rural areas across America. This Subcommittee is well known for its unwavering support of a strong policy to reduce drug use and availability in America, especially among young people. Chairman Souder and Representative Boozman have been strong allies to Arkansas and all our rural communities across America in our fight against methamphetamine.

It is appropriate that this hearing is in Arkansas today. Arkansas has been a leader in taking steps to impose limits on sales of precursor chemicals which has helped to keep the State's methamphetamine problem under control. I appreciate this opportunity to continue our productive collaboration in curtailing methamphetamine use throughout all of our communities in the United States.

The President's *National Drug Control Strategy* aims to reduce use of all drugs in America by 25% within five years. The *Strategy* recognizes methamphetamine as one of the primary drug threats to America. Within the *Strategy* are three priorities: 1) stopping drug use before it starts, 2) healing America's drug users, and 3) disrupting drug markets.

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

One of the flagship initiatives of this Administration which cuts across agencies and programs such as the Drug Enforcement Administration, the Organized Crime Drug Enforcement Task Force and High Intensity Drug Trafficking Areas, is the Priority Targeting Initiative. Most of the priority drug trafficking organization (DTO) targets are poly-drug in nature, and respond to market forces – such as the demand for methamphetamine. For FY 2005, the Administration requested $34.7 million for the Priority Targeting Initiative, which included 256 positions to implement DEA's plan for addressing the nation's illegal drug threats. This initiative will target priority DTOs involved in the manufacture and distribution of illegal drugs, including those involved in the diversion of precursor chemicals used to manufacture methamphetamine. With respect to OCDETF, the FY 2005 proposal includes funding to generate and advance investigations of command and control targets linked to the Attorney

General's Consolidated Priority Organization Targeting list which includes certain organizations which traffic in methamphetamine.

Most of the methamphetamine consumed in the United States is manufactured using diverted pseudoephedrine and ephedrine. This internal production is dispersed among thousands of labs operating throughout the United States, although a relatively small number of "super labs" are responsible for most of the methamphetamine produced. To counter the threat from methamphetamine, we and our neighbors, Mexico and Canada, must continue to tighten regulatory controls on pseudoephedrine and ephedrine, thousands of tons of which are smuggled illegally into the United States each year. Controls on other precursor chemicals, such as iodine and red phosphorus, are equally important. In recent years, an inadequate chemical control regime has enabled individuals and firms in Canada to become major suppliers of diverted pseudoephedrine to methamphetamine producers in the United States. The imposition of a regulatory regime last January, combined with U.S.-Canadian law enforcement investigations such as Operation Northern Star, appears for the moment to have reduced the large-scale flow of pseudoephedrine from Canada into the United States. There are signs that some of this reduction has been offset by the diversion from Canada of ephedrine. Pseudoephedrine diversion from Mexico is also a serious threat to the United States. Once the drug is diverted from legal applications, numerous drug trafficking organizations efficiently smuggle it.

The National Methamphetamine Chemical Initiative targets domestic methamphetamine production by fostering nationwide sharing of information between law enforcement agencies and providing training to investigators and prosecutors. The initiative focuses on stopping the illegal sale and distribution of methamphetamine precursors. It also strongly supports a national database that tracks clandestine laboratory seizures, providing Federal, state, and local law enforcement with up-to-date information on methamphetamine production methods, trends, and cases.

In conclusion, I am pleased to present to you today the federal government's cooperative efforts to stop methamphetamine in our communities. Within the context of our *National Drug Control Strategy*, we know that reducing all drug use – including methamphetamine use – will require a balanced, consistent, and coordinated focus among law enforcement agencies, as well as agencies with the responsibility of helping ameliorate the effects of methamphetamine use and production. With the continued support of federal, state and local law enforcement in fighting drug trafficking, we are moving closer to creating an America that is free from dangerous drugs such as methamphetamine.

Fort Smith Police Department June 23, 2004

Law enforcement in Western Arkansas has experienced a dramatic increase in the number of clandestine methamphetamine laboratory seizures. Each year, methamphetamine arrests and drug seizures double those of the preceding year. This has a profound effect upon law enforcement manpower and asset allocations. Combating this growing epidemic has become a complicated process, which crosses traditional jurisdictional boundaries and requires investigators to consistently share information, specialized abilities and enforcement strategies.

High-Intensity Drug Trafficking Area (HIDTA) Programs expand and organize investigative methods and abilities among local, state and federal law enforcement agencies. HIDTA Programs coordinate law enforcement efforts to target those responsible for the illegal manufacture of methamphetamine, its distribution, and transportation.

Although a large number of HIDTA Programs exist around the United States, Hawaii and Puerto Rico / Virgin Islands, it is unfortunate that one does not exist in our area. The Midwest HIDTA located in Kansas City, Missouri and the North Texas HIDTA located in the Dallas/Fort Worth metropolitan area are the nearest programs to our region. Recent federal, state and local investigations uncovered drug routes leading directly from Mexico to environs within Arkansas and its surrounding communities.

A collaborative effort promoted by a HIDTA Program would prove extremely beneficial to the State of Arkansas and regional law enforcement agencies. Assistance from the federal government with regards to developing a HIDTA in our region would encourage collaboration and intelligence efforts, which would dramatically effect direct inter-state distribution of methamphetamine to the State of Arkansas.

Randy Reed
Chief of Police

Phil Mask

Saline County Sheriff

321 North Main *Phone: 501-303-5710*
Benton, AR 72015 *Fax: 501-303-5747*

June 15, 2004

108th Congress of the United States
House of Representatives
Committee on Government Reform
2157 Rayburn House Office Building
Washington, D.C. 20515-8143

RE: Arkansas Field Hearing
Monday - June 28, 2004

Dear Sir,

Please accept my sincere appreciation for the invitation to speak at the upcoming Arkansas Field Hearing on methamphetamine in Bentonville on June 28, 2004. Unfortunately, I will be unable to be present due to a prior commitment of attending the National Sheriffs' Conference in Seattle, Washington.

At the onset of my terms in office as Saline County Sheriff, I have diligently strived to decrease the use of drugs, traffickers and to educate the general public on how to identify the smell, signs and symptoms of meth and the awareness of its ingredients. I have produced a video tape "Meth in Saline County," and a hand-out pamphlet "Methamphetamine Awareness Guide," that has been well received by businesses, medical facilities, countless civic groups, church and school organizations whom has all rallied behind my campaign against drugs.

With Arkansas, especially Saline County, being one of the major localities in the country for illegal drugs, financial assistance for prevention programs and narcotic enforcement are vitally important in order to serve as an aide in the vast increase of usage. In addition, prohibit negative consequences the effects manufacturing has on other members in the home, especially small children.

In my attempt to rescue children from these type conditions, I have a deep concern for obtaining stricter laws that would ensure those who come out of a methamphetamine environment to receive mental as well as physical evaluation and treatments. Ideally, children would be taken out of the residence until such time as their parents and/or guardian are living viable lives in society. Our State Representative and State Senator Shane Broadway are in the process of changing these laws as we speak.

I also believe that if the Legislature would make ephedrine and pseudoephedrine (main ingredients of meth) as Class V Narcotics, we could virtually stop the production of meth in this nation. I have

spoken to local doctors and drug enforcement agencies & companies who concur with my belief. However, we all feel the drug companies would fight strongly against any such alterations being made on the aforementioned drugs as Class V Narcotics.

I would like to relay to you a true story involving a young lady who was being interviewed because of her meth use.

Interviewer: *"What would you do for some meth?"*

Young lady: *"I'd do anything; steal, rob, even sell my body."*

Interviewer: *"What would be the worse thing you would do?"*

Young lady: *"I'd kill my mother and father."*

Interviewer: *How long have you been using meth?"*

Young lady: *"One week."*

Interviewer: *"How old are you?"*

Young lady: *"Thirteen"*

A parent of two beautiful eight year-old twin girls was arrested by my deputies for cooking methamphetamine next to the twins bedroom. Before the physical arrest, it was reported that the twins had learned what ingredients made up meth from their parents and the step-to-step process of cooking it. We are seeing meth cooked in children's bedrooms, which is getting to common.

Methamphetamine treatment and prevention programs will serve as a huge asset nationwide in developing drug programs, on-sight training, educating of deputies and enhancing our narcotic units to further meet the everyday confrontation of raiding meth labs and apprehending offenders. The challenge grows greater each day in our attempt to defeat this crime with the high volume of dealers and users in the various counties. Therefore, we are committed even more to both education and aggressive prosecution of which takes financial resources to achieve.

My father was a Baptist minister for over 50 years of his life. On one occasion in church, he made a statement that I did not understand until now. He stated, "Communism will take over America without a shot being fired." One way this has become a reality in our great nation today is by the methamphetamine epidemic. Therefore, I firmly believe that if we can change the laws to protect our children from their "meth cooking" parents enact the ephedrine and pseudoephedrine as Class V Narcotics, train street cops and additional narcotic officers to enforce the law we could make a difference in our nation.

Lastly and most importantly, we as a nation must come together in prayer and ask God to intervene into the corruptive blight that is devouring our homes and families. We can have the self-assurance then that we can rise above this contamination.

Again, please accept my sincere apologies for being unable to attend as I consider it a great honor to have been asked. If I can be of further assistance in my drug program, please do not hesitate to contact me.

Respectfully Submitted,
Phil Mask
Saline County Sheriff

June 24, 2004

Hon. Mark Souder, Chairman
Sub-Committee on Criminal Justice
Drug Policy and Human Resources
3135 Rayburn House Office Bldg.
Washington, DC 20515-6143

Dear Sir:

I was gratified to hear your Sub-Committee is examining the Methamphetamine epidemic in Arkansas. In my opinion, the widespread use of Methamphetamine is the single worse contributor to crime in this area of the State. Not only are large numbers of people arrested each year for the use, sale or manufacture of the drug, but many more are arrested for other crimes directly related to their use of Methamphetamine. For example, Methamphetamine users are more prone to the commission of violent offenses while under the influence of the drug. Many assaults, homicides and robberies occur as a direct result of Methamphetamine use. In addition, large numbers of Methamphetamine users resort to the commission of property crimes in order to support their habit because they are unable to successfully maintain employment and fund their addiction.

It is crucial to effective law enforcement in this area that law enforcement be given adequate tools with which to conduct successful investigations to apprehend those involved in the manufacture and distribution of Methamphetamine. In addition, because of a disturbing trend for Methamphetamine labs to be housed in residential areas, increased attention has had to be given to the safe cleanup of such laboratory sites. Just as important is the disposition of offenders. Of particular concern is rehabilitative efforts being undertaken in this jurisdiction through Drug Court. It is my opinion that every dollar spent in Drug Court is an outstanding investment which will reap untold savings for the system. For every person who successfully defeats their addiction through the efforts of Drug Court many thousands of dollars are saved in the long run in the costs of investigations and incarceration. This is in addition to the intangible benefit of the restoration of lives and the contribution to society when a person leaves addiction and becomes a taxpaying member of society.

I appreciate very much the opportunity to express my views on this subject and wish your and your Committee the best of luck as you tackle this very difficult issue.

Sincerely,

STEPHEN TABOR
PROSECUTING ATTORNEY
SEBASTIAN COUNTY

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