

Methamphetamine Crisis: The Impact on Law Enforcement, Crime, Social Services, and the Environment

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Abstract

Methamphetamine, a powerful stimulant that dramatically affects the central nervous system, is America's new drug of choice. According to a national survey on drug use and health, more than 12.3 million Americans have tried methamphetamine. Clandestine labs have been located in all fifty states, and the number of labs discovered has doubled over the past five years. Methamphetamine usage is reaching epidemic proportion and is causing a financial burden to many local, county, and state law enforcement agencies. The problem does not end there, but also impacts government budgets, welfare, hospitals, and many other entities. This research paper will provide an overview of methamphetamine and briefly examine the state of Arkansas, a state with one of the highest methamphetamine usage rates in the country. It will examine the impact on crime throughout the country, impact on health care and social services, impact on the environment, and the impact on the agencies that fight the battle. This paper will also look at the programs and preventive measures in place, and see which ones are working, and which ones seem to have no effect on the problem. Currently, Florida is not listed in the top five states of methamphetamine abuse, but it is steadily climbing toward the top. Strategies utilized by other states to combat the methamphetamine crisis should provide some insight on what Florida needs to do to stay out of the top five in statistical analysis.

Introduction

The abuse of methamphetamine is an extremely serious and growing problem in the United States. Although use of methamphetamine was limited to a few urban areas in the Southwest area of the country, several major cities across the country have seen dramatic increases in its use, and rural areas throughout the country are becoming more affected by the drug. In addition, methamphetamine use among significantly diverse populations has been documented.

Historically, the drug was developed early in this century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse.

Some states have passed legislation that regulates the sale of the precursor ingredient, ephedrine, which is commonly found in medicines like

Sudafed and other antihistamines. Other states have created an internet based registry that documents meth offenders like it documents sex offenders. All in all, there is no uniform plan to combat the problem that plagues the entire country. Instead of putting preventive measures in place before the problem strikes their state and communities, some states find themselves in a reactive mode instead of proactive mode. Complacency and the mindset that “it could never happen here” provide a false sense of security.

This interest in the aforementioned subject matter comes from being a Captain over the Drug Enforcement Team and personally seeing hundreds of tragedies caused by this menacing problem. The effects on the local hospitals, the school system, the social services network, the county jail, and fellow officers are many. What impact will this have on Florida and other states if we continue the way we are currently heading?

Methods

The purpose of this research is to determine the extent of the problem involving methamphetamine usage in Florida and the two states with the highest statistical data involving usage/abuse in the United States. The analysis will specifically reference the drug’s impact on crime, social services, environment, community, and the law enforcement profession.

The research was conducted utilizing internet websites, the acquisition of periodicals/booklets from the states referenced in the paper, and data obtained from the Federal Government. Assorted Law Enforcement policies specifically referencing meth related hazards were accessed, as well as archival data. A survey conducted by the National Association of Counties polling 500 Sheriff’s Departments in 45 states was utilized as reference material. No independent surveys were used in this research.

The data used to write this research paper is believed to be accurate and was gathered from very reputable web-sites. The data specifically targeted the content that this paper is researching, and is consistent with similar sites that were visited throughout the time the paper was written.

Methamphetamine is a highly addictive central nervous system stimulant that is currently classified as a Schedule II Controlled Substance under the Controlled Substance Act. A Schedule II substance is defined as a substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. The substance may lead to severe psychological or physical dependence.

Known as a highly toxic and extremely addictive, methamphetamine can be smoked, snorted, swallowed, or injected. It is often used in conjunction with other drugs, both legal and illegal. It can be in the form of a liquid, a tablet, or its most common form, an off white crystalline substance. Methamphetamine is a

synthetic substance, unlike marijuana or opiates. As I will discuss later in the paper, methamphetamine can be made from ordinary household products. Methamphetamine produces a high that lasts eight to twelve hours. Cocaine produces a high that lasts twenty to thirty minutes. It takes twelve hours for fifty percent of the drug to be removed from the human body. It only takes one hour for cocaine. The price of the two drugs is similar, but the effects aren't. In the past, methamphetamine was predominately used by white males who held blue collar worker status. Today, the drug is used by a diverse group of people and equally used by males and females alike.

The production of domestically made methamphetamine appears to be decreasing; however, Mexican manufactured methamphetamine is on the rise. The majority of the methamphetamine in the United States comes from Mexican drug cartels and "Super Labs" in California. The labs in California are deemed "Super Labs" if they are capable of producing more than ten pounds of methamphetamine during one cook cycle. These labs are also run by the Mexican drug cartels. In the past, cocaine was the prominent drug that was smuggled across the border into the United States. Now, methamphetamine is commingled with the cocaine, which assures that more of the drug reaches the United States. The implementation of the North American Free Trade Agreement has proven to be a double edged sword. Although there is a greater flow of legitimate goods crossing the border, there also is a greater flow of illegal drugs coming into the country. The recent immigration issues concerning the United States has also made it easier to smuggle drugs into our country.

The availability of methamphetamine appears to be stable throughout the country, with the exception of the eastern states where it has increased. Drastic increases have been noted in Iowa, Illinois, Tennessee, and Indiana.

The Drug Enforcement Agency labs have seen an increase in the purity level of the drug, which indicates the presence of more methamphetamine produced from the Super Labs and Mexico. The majority of the domestically made methamphetamine carries a lower purity level because of the lack of pure ephedrine available to the public. Availability will most likely continue to increase, because the Mexican Drug Trafficking Organizations have not come close to reaching their full production capacity. They will offset any decrease in domestic production of methamphetamine to ensure that there is an adequate supply of methamphetamine in the market. The drug is not commonly sold and bought on the street corners like cocaine and marijuana. Most of the supply comes from friends or acquaintances.

Methamphetamine is known by many street names associated with the drug. Crank, Go-Fast, Speed, Crystal, Ice, Christy, Meth, Shit, Glass and Dope are but a few of the names commonly mentioned in the methamphetamine world. Crank is the most common name associated with the drug, and it comes from the fact that outlaw motorcycle gangs use to transport the drug in the crank shaft of their motorcycle. Other common associations are in the Interstate trucking business where truck drivers drive long hours and utilize methamphetamine to stay awake. Today, methamphetamine is prevalent in the college atmosphere where students often stay up all night to study or cram for an exam. The use of

the drug allows the student to stay up for days, which leads to a false sense of accomplishment through increased study time.

Side effects associated with methamphetamine abuse are many. The most prominent and dangerous side effects are depression, paranoia, and brain damage. Other symptoms include irregular heartbeat, high blood pressure, dilated pupils, elevated body temperature, psychosis, visual and auditory hallucinations, and insomnia. Users often become violent and aggressive, and develop permanent psychological problems.

I have personally had contact with hundreds of subjects under the influence of methamphetamine throughout my law enforcement career. These subjects range from people living on the streets, to doctors and lawyers. The drug does not care about the social status of the user/abuser. They have all exhibited the aforementioned symptoms at one time or the other. I have been told that I was watching them and their house while disguised as a chimney. I have been disguised as a tree, and have put cameras into their attic. The paranoia is extreme and I have been put in a lot of dangerous situations because of it. There have been stories of users picking lint off of the carpet for seven hours at a time. I have also heard stories of users staying up for seven days straight, and then falling into a deep sleep for two days straight. I have personally experienced a user with "super human strength" because of the drug. I have seen people lose fifty pounds in a couple of months because of the drug and I have seen once attractive women, have their teeth rot out of their mouth and have sores all over their face. The hygiene problems are caused by the caustic chemicals that are contained in the methamphetamine smoke. They attack the enamel on the teeth and burn the skin after the smoke is exhaled. The sores are also caused by excessive picking at the face and arms. This comes from the user picking at their body because they feel that there is something crawling on their skin.

On July 18, 2006, the National Association of Counties (N.A.C.O.) conducted a survey of five hundred counties throughout the United States. The counties surveyed were in forty four of the fifty states. The report generated by the N.A.C.O. was titled The Criminal Effect of Meth on Communities. This is one in a series of surveys on methamphetamine. The survey confirmed that a methamphetamine epidemic is present in the United States, and how it affects not just the rural communities as it once did, but now affects urban and suburban areas also. The drugs prevalence has moved from West to the East, and is having a devastating effect on governmental budgets, man power issues, and the health care system. The survey documented the following information on the illegal drug. Methamphetamine continues to be the number one drug problem as evidenced by 48% of the counties surveyed report that it is number one with cocaine and marijuana coming in at 22% each. Meth related crimes continue to rise as evidenced by 55% of law enforcement officials report an increase in burglaries and robberies in the last year. Also present in this category was a 48% increase in the amount of reported domestic violence cases. The work load of the public safety staff has increased with 63% of the counties reporting an increase in their workload in the last year, and a 73% increase in overtime payments.

Arrests for methamphetamine related offenses represent a high proportion of crimes that require incarceration. Forty eight percent of the counties surveyed reported that one in five inmates is incarcerated because of methamphetamine related crimes. What is more alarming is 17% report that one in two inmates is incarcerated for methamphetamine related crimes.

Another report in the series dealt with the effect of methamphetamine abuse on hospital emergency rooms and the challenges of treating methamphetamine abuse. The survey concluded that 73% of the counties that were queried indicated there were an increased number of emergency room visits involving methamphetamine in the last five years. In regards to the impact on the emergency rooms on their day to day administration experiences, the survey concluded that 83% report that in the last three years, people arriving at the hospital were uninsured, and 81% report that if they were presented with insurance, the person was often underinsured. The percentage that speaks the loudest is the fact that 56% of the officials stated that hospital costs increased because of the continuing methamphetamine related visits at their respective emergency rooms. The drug treatment programs were mentioned in the survey and the most important factor to consider is in the overall need for treatment programs, 69% of the director's report that there has been an increased need in their counties for drug treatment programs because of the growing use of methamphetamine.

One of the most important aspects of the methamphetamine epidemic is the impact it has on communities throughout the United States. It affects such areas as increased costs associated with community businesses, families, healthcare facilities, environment, and tax payers. Businesses are impacted by both internal and external theft. People need to feed their addiction so they steal to support their habit. Productivity loss from employees under the influence is common. The costs to families are tremendous because of the obvious risks of living with meth abuser. Domestic violence arrests have increased drastically because of the drug, while incidents of child neglect and abuse continue to rise. The impact of the healthcare system was discussed previously in the paper. Tax payers are burdened with the increased governmental budgets associated with the drug. These increases in taxes stem from the greater need for public safety, foster care, increased use of the judicial system, welfare, medical/dental, and on and on. An average cost associated with the clean up of a methamphetamine lab ranges from \$5000 to \$20,000. There have been some cases where the clean up fees have exceeded \$100,000. The dump sites associated with the dumping of toxic chemicals into the top soil or water supplies can take months or even years to clean up. Increased pressure on the county school system exists because of the special education department tasked with teaching meth babies or children who have been exposed to the caustic materials and have suffered psychological effects from prolonged exposure.

What are we doing to fight the methamphetamine epidemic? There are several strategies currently being used and there are others that are being adopted. From a law enforcement standpoint, task forces targeting methamphetamine appear to be the most utilized and successful tool. They are

frequently made up of city and county law enforcement agencies, where they combine their resources, both man power and monetary, to fight the battle. State agencies also supplement these task forces, as well as the Federal Government through the Drug Enforcement Agency and Immigration and Customs Enforcement. The Federal prosecution of meth trafficking organizations and individual distributors provides increased penalties as opposed to the state system where offenders often serve little prison time until they have been through the system on a repeated basis. The biggest hurdle facing the country is the inability to form a strengthened partnership with the international community to combat methamphetamine. Mexico produces the majority of the methamphetamine that is sold/used in our country. Because of the public corruption issues in the country, it is difficult to form the partnership needed in the war on not only methamphetamine, but all illegal drugs. You have to make the product as difficult as possible to sell. From the judicial standpoint, mandatory and harsher penalties are very important. The expansion of Drug Courts would allow sanctions for mandatory substance abuse treatment for first time users. Sentencing enhancements for child endangerment, environmental damage, and other methamphetamine related criminal offenses. From the legislative standpoint, laws for restricting sales of ephedrine or pseudoephedrine have supported law enforcement in their venture. The goal is to make the product as difficult as possible to produce. With the cooperation of the state legislature, Tennessee became the first state in the country to implement a methamphetamine offender registry. This registry is similar to the sex-offender registries operated by every state. The data base provides the names and birthdays of subjects who have been arrested and convicted for the manufacture of methamphetamine, and also the sale or delivery of methamphetamine. The dates of their crime, location of the crime, and the actual charges are contained in the registry. Currently, Illinois, Minnesota, Montana, and Tennessee have been approved. States currently proposed for a similar program are Georgia, Maine, Oklahoma, Oregon, Washington, and West Virginia. The Federal Government will be instrumental in the battle. It will have to provide increased funding for items such as grants, provide stronger border security, prioritize federal prosecutions, provide law enforcement training, expand forensic training efforts, and most importantly, formulate a plan to cut off the supply of methamphetamine from Mexico before it reaches the border.

Of the states that have been impacted hardest by the methamphetamine epidemic, Arkansas is at or near the top. With a state population of approximately 2 ¾ million people, Arkansas occupies the Violent Crime Rate National Ranking at number 15. Methamphetamine is encountering locally produced and Mexican produced methamphetamine. The illegal drug is the state's number one concern. Pediatricians and social workers are seeing an alarming number of children who have been exposed to meth labs. Arkansas has adopted some strategies to help combat the methamphetamine problem. Some of these strategies include regulation based legislative measures that regulate the sale of ephedrine or pseudoephedrine based products. All dosage forms of products with the aforementioned ingredients have to be kept behind a drug store counter in a

locked cabinet. 3.6 grams is the maximum amount of the product that can be sold to a person per day. 9 grams per 30 days is the max that can be sold for any dosage form. No sales will be made of the solid forms (tablets) to anybody under the age of 18. The drawback in the measure is there is no statewide database that would show multiple purchases from the same person in a twenty four hour period. Another form of a legislative strategy introduced is a law that requires methamphetamine offenders that were convicted of manufacture or possession of items used to manufacture methamphetamine, must serve 70% of their sentence. The offenses were added to other forcible felony offenses in place, such as murder and rape. Numerous grants have been received by the Federal Government targeting meth lab clean up expenses and education in the school systems. Since the implementation of these programs and laws, sheriffs from across the state say few labs have been discovered, but usage continues to be a plague. The law that took effect in March of 2005 that restricts the sale of cold medications containing pseudoephedrine is believed to be the main reason for the decrease. Comparing the 12 months before the law's passage with the 12 months after, the Arkansas Crime Lab reported a decrease of 55% in the amount of labs seized. Even with that good news, the amount of arrests has not decreased. The amount of Mexican methamphetamine entering the state has increased and filled the void of the meth that was domestically manufactured. This is evidenced by a larger amount of seizures by law enforcement officers in Arkansas conducting highway interdiction. The myth that Arkansas has reduced its methamphetamine problem based on the reduction in lab seizures is exactly that, a myth.

Florida currently shows a population of almost 18 million residents. It currently occupies the number 2 ranking in the Violent Crime Rate National Ranking Index. Methamphetamine trafficking/abuse is on the rise in all regions of the state. With Atlanta emerging as the hub of methamphetamine distribution in the Eastern United States, Florida is geographically positioned as a major route for the trafficking organizations. Florida has a high amount of Mexican residents, both permanent and transient. This makes it a target rich environment for the methamphetamine trade. Florida currently has 16 regional Drug Enforcement Administration offices in place. Each office has a task force attached which is made up of state and local law enforcement officers. Florida has always been a distribution hub for cocaine and marijuana. Unfortunately, methamphetamine has joined the other two illicit drugs to produce a formidable opponent for law enforcement. In direct relation to law enforcement efforts, Florida has produced legislature that combats methamphetamine. Some of the laws include increased penalties for injury to a first responder as a result of an offense relating to sale or possession with intent to sell/deliver of a controlled substance. A new felony offense was drafted that would allow the applicable charge of anybody exposing children to the dangers of a methamphetamine lab. Florida has the standard restriction of the sale of the over the counter drugs that are used to manufacture methamphetamine. Florida also requires employers who engage in the sale of ephedrine, pseudoephedrine, or phenylpropanolamine, to train their employees of the perils of methamphetamine. This training must be completed within 30

days of hire. Like Arkansas, Florida does not have a state wide data base that tracks purchases of ephedrine or pseudoephedrine by an individual in a particular time period. In contrast to Arkansas, Florida does not have a reduction in lab seizures. Although Florida does not have the magnitude of labs that Arkansas has, the state is rising in the national rankings for methamphetamine abuse.

My research into this topic and subsequent conclusion does not surprise me. As a supervisor over a drug unit with many years of experience, and many confrontations with people under the influence of methamphetamine, the epidemic that is often mentioned in regards to methamphetamine is real and not getting any better. While only comparing Arkansas and Florida in this paper, I researched other states such as Kansas, Iowa, Tennessee, Arizona, Oklahoma, and California. These states have the same problems and the same enforcement strategies put in place. The main difference is the amount of money each state has dedicated to combat the problem. I can say definitively that the biggest impact to date is the passing of the legislation regarding the restricted sale of items containing ephedrine or pseudoephedrine. It appears that each state would benefit from a state wide database that would track purchases from perspective buyers. A mandatory requirement of showing a valid form of identification would be invaluable from an investigative viewpoint. Whatever provisions are made, they should become universally adopted throughout the country because this is not just an isolated area of the country's problem. Following Tennessee's plan of action on the methamphetamine registry would be advantageous. Unlike cocaine and marijuana, methamphetamine is a synthetic drug. The same techniques used to combat them are not the same techniques used to combat methamphetamine. Although all three are considered illegal, they are completely different and must be treated as such. Methamphetamine is far more potent and because of its intravenous abuse, HIV and Hepatitis cases are on the rise in America and becoming everyday additions to our newspapers and television broadcasts. We have shown some progress with domestically manufactured methamphetamine, but we have failed greatly with the methamphetamine coming across the border from Mexico. Until we tighten up our borders and form some type of effective partnership with Mexico, the problem will not go away. The problem will only get worse and God help us all.

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