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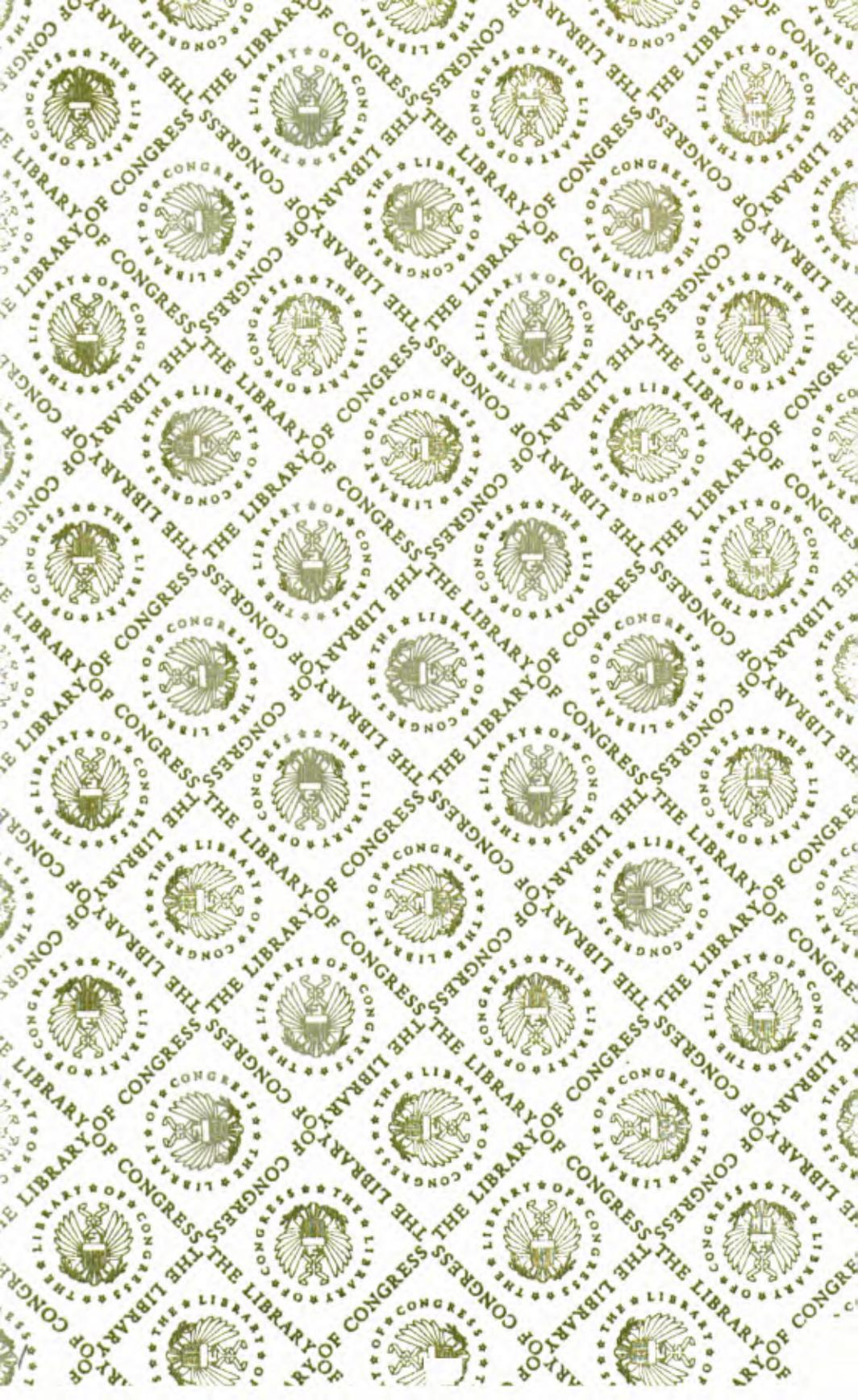
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**THREAT TO RURAL COMMUNITIES FROM
METHAMPHETAMINE PRODUCTION,
TRAFFICKING, AND USE**



HEARING
BEFORE THE
SUBCOMMITTEE ON CRIME
OF THE
COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTH CONGRESS
SECOND SESSION

—————
FEBRUARY 25, 2000
—————

Serial No. 78



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CONTENTS

HEARING DATE

	Page
February 25, 2000	1

OPENING STATEMENT

McCollum, Hon. Bill, a Representative in Congress from the State of Florida, and chairman, Subcommittee on Crime	1
--	---

WITNESSES

Anderson, Cary, county judge, Benton County, AR	90
Ashcraft, William, director, chemical dependency program, Pinnacle Pointe Hospital, Little Rock, AR	27
Britton, Lou, psychiatrist, Charter Vista Hospital	87
Cazenavette, George, special agent in charge, New Orleans division office, Drug Enforcement Administration, Metairie, LA	10
Clark, James, executive director, Arkansas State Crime Laboratory, Little Rock, AR	70
Clark, Ron, justice of the peace, Springdale, AR	91
Coleman, David, Northwest Arkansas Human Services System	86
Counts, Larry, executive director, Decision Point, Inc., Springdale, AR	76
Driscomb, Joanne, Concerned Citizen	85
Eales, Kelli, McAlester, OK	8
Hajok, Blaine, pharmacy loss prevention division, Wal-Mart Stores, Inc., Bentonville, AR	22
Hardin, Bill, director, Office of the State Drug Director, Arkansas State Police, Little Rock, AR	17
Harris, Muskee, director of Community Relations and Total Living, Little Rock, AR	84
Judy, Jan, Arkansas State Representative	87
Keck, Tim, chief of police, Rogers, AR	63
Kirk, Beverly, concerned citizen	88
Mars, Thomas, director, Arkansas State Police, Little Rock, AR	25
McCoy, Cindy, Fayetteville, AR	66
Prowdy, Charlie, SAC of Arkansas FBI	88
Sackman, Jean, Prevention Resource Center, Harrison, AR	73
Seemans, Don, Siloam Springs, AR	91
Smith, Michael L., supervisory special agent, FBI, Little Rock, AR	58
Van Hoose, Jerre, mayor, Springdale, AR	86
Weiche, Jody, creator of Drug Free Cause I Wanna Be	90

LETTERS, STATEMENTS, ETC., SUBMITTED FOR THE HEARING

Ashcraft, William, director, chemical dependency program, Pinnacle Pointe Hospital, Little Rock, AR: Prepared statement	29
Cazenavette, George, special agent in charge, New Orleans division Office, Drug Enforcement Administration, Metairie, LA: Prepared statement	12
Chabot, Hon. Steve, a Representative in Congress from the State of Ohio: Prepared statement	5
Clark, James, executive director, Arkansas State Crime Laboratory, Little Rock, AR: Prepared statement	72
Counts, Larry, executive director, Decision Point, Inc., Springdale, AR: Prepared statement	78
Eales, Kelli, McAlester, OK: Prepared statement	9

IV

	Page
Gregory, A.L., chief of police, Siloam Springs, AR: Letter to Hon. Asa Hutchinson dated February 22, 2000	45
Hajok, Blaine, pharmacy loss prevention division, Wal-Mart Stores, Inc., Bentonville, AR: Prepared statement	23
Hardin, Bill, director, Office of the State Drug Director, Arkansas State Police, Little Rock, AR: Prepared statement	18
Huddleston, William, CEO, North Arkansas Human Service System, Inc.: Prepared statement	38
Hutchinson, Hon. Asa, a Representative in Congress from the State of Arkansas: Prepared statement	3
Jones, Ken, director, Thirteenth Judicial District Drug Task Force, Camden, AR: Letter to Hon. Asa Hutchinson dated February 22, 2000	47
Keck, Tim, chief of police, Rogers, AR: Prepared statement	65
Leach, Merlin D., on behalf of children and families of rural Arkansas: Prepared statement	48
Lee, Andy, sheriff, Benton County, AR: Letter to Hon. Asa Hutchinson dated February 23, 2000	42
Lincoln, Hon. Blanche, a U.S. Senator from the State of Arkansas: Prepared statement	42
McCoy, Cindy, Fayetteville, AR: Prepared statement	68
Sackman, Jean, Prevention Resource Center, Harrison, AR: Prepared statement	74
Smith, Michael L., supervisory special agent, FBI, Little Rock, AR: Prepared statement	60
Watson, Richard L., chief of police, Fourth Judicial District Task Force, Fayetteville, AR: Letter to Hon. Asa Hutchinson dated February 23, 2000 ...	46
Weiche, Jody, creator of Drug Free Cause I Wanna Be: Prepared statement	52
Winters, Jay, sheriff, Pope County, AR: Letter to Hon. Asa Hutchinson dated February 24, 2000	44

APPENDIX

Material submitted for the record	93
---	----

THREAT TO RURAL COMMUNITIES FROM METHAMPHETAMINE PRODUCTION, TRAF- FICKING, AND USE

FRIDAY, FEBRUARY 25, 2000

**HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIME,
COMMITTEE ON THE JUDICIARY,
*Washington, DC.***

The subcommittee met, pursuant to call, at 2 p.m., at the Jones Center for Families, Springdale, Arkansas, Hon. Asa Hutchinson presiding.

Present: Representatives Asa Hutchinson and Steve Chabot.

Also present: Representative Bill Jenkins.

Staff present: Carl Thorsen, counsel.

OPENING STATEMENT OF PRESIDING CHAIRMAN HUTCHINSON

Mr. HUTCHINSON. The Subcommittee on Crime will come to order. This afternoon I want to welcome all of those who have come here to actively participate in terms of being a witness but also many who have come to show their concern and support for this issue. I spoke to one family who came here today because they thought it was a great opportunity to see a field hearing from a committee of the United States Congress. So for whatever reason each of you came, I welcome you to this hearing this afternoon.

First of all, I want to say I'm grateful for the attendance of my colleagues who are here today. Representative Steve Chabot to my right from Cincinnati, Ohio; and Representative Bill Jenkins to my left from Kingsport, Tennessee. And I want you to know that it is not an easy thing for my colleagues to give up time during their District work period to come to an event in another member's district. But their presence here shows their extraordinary commitment to this particular issue of fighting drugs and an interest in what the citizens of my district and law enforcement professionals have to say on the devastating impact of illegal drugs.

I also appreciate the Jones Center for Families for allowing the subcommittee to use this facility. It is fitting that this hearing be held at the Jones Center which was created to help families, because it is the families of our Nation that are reeling in pain from the growing attraction and addiction to methamphetamines.

Ladies and gentlemen, this will be the first field hearing conducted by this Crime Subcommittee on methamphetamine manufacture, distribution, and use. I asked that this field hearing be

conducted in Arkansas because of the problems the State faces. As you all know, and as our witnesses, I am sure, will discuss, the State of Arkansas was recently declared to have the highest number of meth lab seizures per capita in the Nation. Arkansas has become a crossroads for meth production and trafficking, making meth one of the top law enforcement problems in the State.

Growing up in Northwest Arkansas, I became aware of the Nation's drug problem by watching the nightly news. And it seemed like something that was far from the small towns and communities of our State. Today that all has changed. The National Center for Addiction and Substance Abuse announced recently that the rate of drug use among young teens in rural America is now higher than in the Nation's large urban centers. In fact, 8th graders living in rural America are one hundred percent more likely to use amphetamines, including methamphetamine, and 34 percent more likely to smoke marijuana than kids in urban areas. This should be a wake-up call to parents and community leaders in Arkansas.

As a former Federal prosecutor and as a legislator, but, most importantly, as a father of teenagers, my heart aches over the lives that are ruined by the gripping terror of meth that overpowers so many, from the curious teenager to the innocent victim of its violence. But the cost does not stop with the physical violence. The social consequences are equally devastating. Just last August, police raided a heavily armed meth lab in Conway, Arkansas after discovering that a baby living in a drug trailer had been left alone and had eaten the drugs left strung about the trailer.

Clearly, additional resources are needed to thwart the damage threatening the next generation. When you look at the problem of meth, I like to look at the real thing. This is one pound of methamphetamine that sells for \$12,000. This is something the DEA has provided to me today.

Last night I was at a meeting in Fort Smith, and a lady I have known for some time came up to me and said that her ex-husband had not paid child support and had struggled for 10 years. And she had recently discovered the reason; because he was on meth all during that time. He had no relationship with the children, could not keep a job, and all of a sudden he was miraculously able to turn his life around. He's off meth, but the tragic part of it is that the daughter went to school with methamphetamine, got arrested for that same substance that I'm holding up here today, and her life has been impacted as well. Thank goodness she is now taking steps to make sure this does not happen again.

But, ladies and gentlemen, I tell that story because it's an everyday occurrence for the gentlemen on this stand, for the witnesses who will be testifying. Today we will hear from reformed meth addicts, victims of violence, those on the front lines of law enforcement, and rehabilitation counselors.

We hope to answer some important questions at this hearing; what is methamphetamine, and how prevalent is it in our communities? What can be done about the easy access to the chemicals used to make meth? What should be done about meth recipes available on the Internet? What resources and substantive law changes are needed to help combat the spread of meth? Is the proposed

methamphetamine trafficking bill the right legislative answer to this problem?

Before I yield back my time and recognize my colleagues for any statements they wish to make, I did want to recognize some of the county sheriffs who are in the audience today. They are truly on the front lines dealing with this problem day in and day out, and so if all the sheriffs who are here would stand, please, and be recognized? Let's give them a round of applause.

[Audience applauds.]

Because of the rural nature of this problem, they certainly are in the midst of the battle, and I appreciate their great work. I also want to recognize the Arkansas National Guard, which has set up the display that is in the foyer. Thank you, friends, for taking the trouble to set that up and giving us an illustration of meth and what it means in Arkansas.

Many of you have submitted written comments, which I'll recognize at a later time, but I want to thank everyone for being here. I look forward to the testimony of our witnesses, and at this time I recognize my colleagues for any statements they have, starting with Congressman Steve Chabot of Cincinnati.

[The prepared statement of Mr. Hutchinson follows:]

PREPARED STATEMENT OF HON. ASA HUTCHINSON, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF ARKANSAS

Ladies and gentleman. This field hearing of the Crime Subcommittee of the Committee on Judiciary is now called to order.

I am grateful for the attendance of my colleagues, Representative Steve Chabot, of Cincinnati, Ohio; Representative Chris Cannon from Mapleton, Utah; and Representative Bill Jenkins from Kingsport, Tennessee. It was not an easy matter for these members to leave their districts during this February work period to join me, but my colleagues' attendance reflects their long-term commitment to saving our communities from the devastating impact of illegal drugs.

I also appreciate the Jones Center for allowing the subcommittee to use this facility. It is fitting that this hearing being held at the Jones Center, which was created to help families, because it is the families of our nation that are reeling in pain from the growing attraction and addiction to methamphetamine.

Ladies and gentleman, this will be the first field hearing conducted by this Crime Subcommittee on methamphetamine manufacture, distribution and use. I asked that this field hearing be conducted in Arkansas because of the problems this state faces. As you all know, and as our witnesses I am sure will discuss, the State of Arkansas was recently declared to have the highest number of meth lab seizures per capita in the nation. Arkansas has become a crossroads for meth production and trafficking, making meth one of the top law-enforcement problems in the state.

Growing up in Northwest Arkansas, I became aware of the nation's drug problem by watching the nightly news, and it seemed like something that was far from the small towns and communities of our state. Today, that has all changed.

The National Center for Addiction and Substance Abuse announced recently that the rate of drug use among young teens in rural America is now higher than in the nation's large urban centers.

In fact, eighth graders living in rural America are 100 percent more likely to use amphetamines, including methamphetamine and thirty-four percent more likely to smoke marijuana than kids in urban areas.

This should be a wake-up call to parents and community leaders in Arkansas. As a former federal prosecutor, as a legislator, but most importantly as a father of teenagers, my heart aches over the lives that are ruined by the gripping terror of meth that overpowers so many, from the curious teenager to the innocent victim of its violence.

But the cost does not stop with the physical violence. The social consequences are equally devastating. Just last August, police raided a heavily armed meth lab in Conway after discovering that a baby living in the drug trailer had been left alone and had eaten the drugs left strewn about the trailer. Clearly, additional resources are need to thwart the damage threatening the next generation.

Today we will hear from reformed meth addicts, victims of violence, those on the front lines of law-enforcement efforts, and rehabilitation counselors.

We hope to answer some important questions:

1. What is methamphetamine and how prevalent is it in our communities?
2. What can be done about the easy access to the chemicals used to make meth?
3. What should be done about meth recipes available on the Internet?
4. What resources and substantive law changes are needed to help combat the spread of meth?
5. Is the proposed methamphetamine trafficking bill the right legislative answer to this problem?

Before I yield back my time, I want to recognize some of our county sheriffs who are present today. Because of the rural nature of this problem, they are in the midst of a battle and I appreciate their great work. I would also like to recognize and thank the concerned citizens and organizations who are here today. Many of you have submitted written comments for the hearing. Without objection, these statements will be made a part of the record.

Again, thank you all for being here. I look forward to the testimony of our witnesses.

Mr. CHABOT. Thank you very much for calling this very important hearing, Mr. Chairman. And I want to say for those folks here that are fortunate enough to live in Asa Hutchinson's district, it's very unusual for a Member of Congress who's only in his second term to be thought of in as high a manner as his fellow Members like myself think of Asa. He's just doing an extremely good job up in Washington. The leadership that he's shown, it's just very unusual in only a second term for him to be thought of as highly as he is by his colleagues. And I think the fact that he was able to actually hold a hearing as important as this in his own district also shows, really, the way that the leadership and other fellow Members in Washington think.

And I know that personally I can tell you because I've heard hearing after hearing that Asa time and time again has talked about how this is going to affect the people back in Arkansas. So he's looking out for the folks back here. And Asa didn't ask me to say that, but I wanted to say it because a lot of times it's tough to know what's going on up in Washington, and I've seen Asa, he works very hard for the folks here.

And I know that this is a very important issue to people here in Arkansas, just as it is in my home State back in Ohio. I represent the first District of Ohio, which is Cincinnati.

We've heard the terms before with respect to methamphetamine, speed, crank, ice, meth. And it's been around since about the Seventies, and it was popularized by some of the biker gangs of that era. What's troubling, though, is that its use and manufacture has not been proven to be merely a passing cultural fad. In fact, in the mid 1990's it became clear to law enforcement agencies around the country and to Congress that the methamphetamine problem was getting much worse. What's most troubling about meth is that it's not just a drug used by those who would typically be categorized as junkies or one that's manufactured just by career criminals. It's prevalent in our small towns and in big cities and in suburbs, and it's widely used by our Nation's high school and college students nowadays. And that's particularly troubling.

According to one recent study completed by the Ohio Bureau of Criminal Identification and Investigations, the increase in the

prevalence of methamphetamines is reflected by the fact that most teenagers in Ohio, my State, do not see it as great risk in trying meth, and that's particularly concerning. In fact, this drug use is now comparable to cocaine use among teens. Just 2 weeks ago four teens in my area in Cincinnati were arrested for selling this drug in their high school.

I also recently heard a disturbing account from a constituent of mine that meth is being used by young women with eating disorders as a very dangerous type of diet drug. These young women are literally starving themselves to death and pumping large quantities of dangerous drugs into their systems. The danger of meth is further magnified by the easy availability of the chemical compounds needed to manufacture the drug. Chemicals, which when just in small amounts are mixed are very highly combustible, and, therefore, very dangerous. Many probably remember the tragic story of the mother in San Diego who was operating a meth lab in her trailer home. The lab exploded and killed all three of her young children. In my own community a man was recently caught manufacturing large amounts of this drug on his kitchen stove. And this was just yards away from the unsuspecting neighbors which were right next to his home.

The threat of this drug use is real, and it's immediate. According to Drug Enforcement Administration, the number of lab seizures has increased exponentially since 1995. Last year 5,786 of these labs were seized by the DEA and State and local law enforcement agencies, and millions of dollars were spent cleaning up the pollutants and toxins left behind by the operators of these labs.

Congress took steps to curb this great problem back in 1996 with the passage of the Methamphetamine Control Act. This measure targeted the most commonly used precursor chemicals and mandated strict reporting requirements on sales of these chemicals. These mechanisms have helped the DEA crack down on large quantity sales of precursor chemicals, but more must be done to curb the existence of the small labs. And I know that that's certainly been a concern here in Arkansas.

I look forward to the hearing and the testimony that we'll hear from the witnesses here today so that we can help to determine what more Congress can do to aid law enforcement in combating this difficult problem. And I would, once again, like to thank Congressman Hutchinson and his staff for pulling this very important hearing together today. I yield back my time.

[The prepared statement of Mr. Chabot follows:]

PREPARED STATEMENT OF HON. STEVE CHABOT, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF OHIO

First I'd like to thank Congressman Hutchinson for organizing this hearing today. I know this is a very important issue here in Arkansas as well as in my home state of Ohio and around the nation.

We've all heard the street terms "speed," "crank," "ice," and "meth,"—Methamphetamine has been around since the late '70's and was popularized by some biker gangs of that era. What is troubling though, is that its use and manufacturing has not proven to merely be a passing cultural fad—in fact, in the mid 1990's it became clear to law enforcement agencies around the country, and to Congress, that the Methamphetamine problem was getting much worse.

What is most troubling about meth is that it is not just a drug used by those who would typically be categorized as "junkies" or one that is just manufactured by "career criminals." It is prevalent in our small towns, big cities and suburbs, and it

is widely used by our nations high school and college students. According to one recent study completed by the Ohio Bureau of Criminal Identification and Investigation, the increase in the prevalence of Methamphetamines is reflected by the fact that most teenagers in Ohio do not see a great risk in trying Meth. In fact, Methamphetamine use is now comparable to cocaine use among teens.

Just two weeks ago, four teens in the Cincinnati area were arrested for selling methamphetamines in their high school. I also recently heard a disturbing account from a constituent that Meth is being used by young women with eating disorders as a high powered diet drug. These young women are literally starving themselves to death and pumping large quantities of dangerous drugs in to their systems.

The danger of Meth is further magnified by the easy availability of the chemical compounds needed to manufacture the drug—chemicals which, when just small amounts are mixed, are highly combustible. Many of us remember the tragic story of the Mother in San Diego who was operating a meth lab in her trailer home. That lab exploded and killed all three of her young children in 1996. In my own community, a man was recently caught manufacturing large quantities of crank on his kitchen stove—just yards away from unsuspecting neighbors' homes.

The threat of Methamphetamine use is real and immediate. According to the Drug Enforcement Administration, the number of labs seizures has increased exponentially since 1995. Last year, 5,786 amphetamine labs were seized by DEA and State and local law enforcement officials, and millions of dollars were spent cleaning up the pollutants and toxins left behind by operators of these labs.

Congress took steps to curb this growing problem in 1996 with the passage of the "Methamphetamine Control Act." This measure targeted the most commonly used precursor chemicals and mandated strict reporting requirements on the sales of these chemicals. These mechanisms have helped the DEA effectively crack down on large-quantity sales of precursor chemicals, but more can still be done to curb the existence of small scale labs.

I look forward to hearing the testimony of the witnesses today to find out what more Congress can do to aid law enforcement in combating this difficult problem.

Mr. HUTCHINSON. Thank you, Mr. Chabot. At this time the Chair recognizes the gentleman from Tennessee, Mr. Jenkins.

Mr. JENKINS. Thank you, Mr. Chairman. And for those of you in the audience, let me say that Asa Hutchinson and I came to the Congress at the same time. We've been there a pretty short time, and it really is good for me to be able to call one of my classmates Mr. Chairman. But, Mr. Chairman, thank you for holding this hearing. Thank you for sponsoring this legislation that we're considering here today. And as those folks who are manufacturing and distributing this controlled substance that we're talking about here today become a little more sophisticated in operating new areas where they have not operated before, I feel like we know as a Nation that we're going to need some new tools to combat their work. And, hopefully, that's exactly what this hearing is going to produce.

You've got an extremely impressive list of witnesses, a really impressive list, and I'm looking forward to hearing every one of them today. And I hope that what we hear from them will translate into some enactments that will provide the tools that we need to stop this and to set it back many years. Thank you, Mr. Chairman.

Mr. HUTCHINSON. Thank you. And, once again, I want to express to both gentlemen that I appreciate their leadership on this issue. They've fought very hard in Congress for our Nation's youth. I want to call the first panel of witnesses to the table and welcome them. They've already taken their seats here. We'll have two panels of witnesses this afternoon, and the way we conduct the hearing is we'll have their testimony, and then we'll have questions. And after the second panel, hopefully, we'll have time to hear if there are some comments from the audience.

Our first panel consists of Federal and State law enforcement officers with experience dealing with methamphetamines as well as

a private sector representatives involved in methamphetamine prevention efforts. But our most important witness, perhaps, is a courageous young lady who faced the devastating loss of a loved one to methamphetamine-related violence. Ms. Kelli Eales is the widow of Oklahoma Highway Patrolman Rocky Eales who was shot and killed in the line of duty by a methamphetamine dealer, an addict, right across the Arkansas border. Ms. Eales has been an elementary school teacher and coach for 8 years, and she and Rocky were married for 9 years and have two children; Allison age 6, and Matthew, age 2.

Our second witness is Special Agent George Cazenavette, a 30-year veteran of the DEA and currently special agent in charge of the New Orleans field division office where he also serves as chairman of the Gulf Coast HIDTA. Prior to his appointment to this position, Mr. Cazenavette was a special agent with the Seattle field division, which is the largest geographic field division in the DEA. He has two sons, one of whom is an assistant United States Attorney in New Orleans and the other a former naval officer who is now a special agent with the DEA.

Joining Mr. Cazenavette today is Special Agent Steve Lowry, a native Arkansan currently serving as the resident agent in charge of the DEA's Fayetteville office. Mr. Lowry has been with the DEA in Arkansas since 1983 with the exception of two short tours of duty in Bolivia and Oregon. He earned his undergraduate and law degrees from the University of Arkansas, Little Rock.

Our third witness is Mr. Bill Hardin, Arkansas State drug director. As chairman of the Arkansas Alcohol and Drug Abuse Coordinating Council, Mr. Hardin oversees 19 judicial district drug task forces located throughout the State as well as serves as a liaison for the Governor with law enforcement agencies. From 1969 to 1997 Mr. Hardin served as a special agent with the FBI responsible for white collar crime and public corruption investigations in the State of Arkansas.

Our fourth witness is Mr. Blaine Hajok, pharmacy loss prevention coordinator for Wal-Mart Stores. Mr. Hajok served as a corporate liaison between the company's loss prevention division and the pharmacy division. His main area of responsibility is controlling drug diversion within the company through training initiatives that both educate associates about drug abuse and diversion and increase awareness regarding drug abuse issues we face in our communities.

Prior to joining Wal-Mart in 1996, Mr. Hajok was a police commander for the city of Northlake, Illinois and served in that capacity for 8 years. During that time he assisted with the implementation of the DARE program for Northlake area schools. Mr. Hajok is active in the Northwest Arkansas community as a church youth group leader and with the Northwest Arkansas Children's Shelter. He and his wife, Dawn, have two children and reside in Bentonville, Arkansas.

Our fifth witness is Colonel Tom Mars, director of the Arkansas State Police. Prior to his appointment to this position, Colonel Mars was a partner in the law firms of Everett & Mars from 1993 to 1998, and Stanley, Harrington & Mars from 1988 until 1993. He fails to mention this in this intro, but he also worked for me at the

United States Attorney's Office. So welcome, Colonel Mars. He received his BA in criminology at Arkansas State University and his law degree from the University of Arkansas School of Law. He graduated first in his class and achieved the top score on the Arkansas Bar Exam. Prior to attending law school, Colonel Mars was a police officer in Lynchburg, Virginia.

Our sixth and final witness, Mr. William Ashcraft, is certified as a licensed master of social work and an alcohol and drug abuse counselor. Mr. Ashcraft currently serves as the director of the Intensive Outpatient and Chemical Dependency Program at BHC Pinnacle Pointe Hospital in Little Rock, Arkansas. He received his Bachelor of Social Work at the University of Arkansas at Pine Bluff, and his Master of Social Work at the University of Arkansas at Little Rock.

So, again, I want to thank all of these witnesses for testifying. And with that, I want to recognize Ms. Eales to begin her testimony. I will say to everyone in advance, I'm not picking on Ms. Eales, but we would ask the witnesses to confine your testimony to 5 minutes. And I will gavel at the end, so we can move on with the testimony and have time for questions at the end. So with that, I ask Ms. Eales to begin.

STATEMENT OF KELLI EALES, McALESTER, OK

Ms. EALES. My life has been certainly turned upside down by the use of meth. On the morning of September 24th, I was awoke by someone pounding on my door. When I checked out the window to see who it was, I saw two Oklahoma Highway Patrol Trooper cars. My husband was gone because the previous day he had been called out to serve on his 10 member tactical team, which he had been 18—he had been a trooper for 20 years, and he had been on a tactical team 18.

Well, I hurried downstairs and when I opened my front door, I had two troopers standing in front of me. Although I recognized both of them, neither one of them was Rocky. I was told that he had been shot and killed an hour or so earlier while serving arrest warrants to a known meth dealer. Only until later did the details start coming in.

At approximately 12:30 he and his team were entering the yard of the meth dealer. When they were crossing into the yard approximately 50 feet from the house, the dealer stepped out on his front porch and started firing 22 rounds from an AR15 semiautomatic machine gun. Of course, the driver of the Bronco attempted to stop. And when it did stop, Rocky was approximately five feet from the shooter. He had on a level two ballistic vest and a approximately one foot by one foot ballistic panel. He was shot three times. His shield that he held between his legs in the patrol car sustained four shots. His weapon, on his way out of the vehicle, was shot once. And I just found out yesterday that his ballistic panel received four additional shots. A total of 22 rounds were shot at him and the driver of his vehicle. He did make it to the back of the Bronco, that was where he died moments later.

Those people up here know what a level two vest is, but it fits approximately like a tank top and the coverage area, it covers your front and back but not around your shoulders and there's inside

gaps. The weapon that was used on Rocky would not—the vest would not have stopped that, which it didn't. One shot went through the vest. But they also have other vests that our—that will stop pretty much anything except armor piercing bullets.

If his department would have had the money or if given the money to buy him a level three vest, it provides more coverage and goes to your shoulders. On this particular incident it would have made a difference. It would have stopped the bullets.

I feel like you can't blame yourself when something like this happens, but law enforcement needs the money and the resources to have the bullets—to have the guns and the bullets as the meth dealers. They have training, but things are happening, and they need to protect themselves if they're put up against these people. They can't stop it. You know, they're putting out there every day in and out and put their lives on the line to protect everyone against meth, but unless they have the proper equipment, you know, they're going to be like Rocky, not come back. Time.

[The prepared statement of Ms. Eales follows:]

PREPARED STATEMENT OF KELLI EALES, MCALESTER, OK

Today's drug problem affected me and my children's life forever, even though we don't use drugs and have never been around them. I am a teacher and my husband was an Oklahoma Highway Patrolman. In the early morning hours of September 24, I heard a pounding on my front door. It startled me because, Rocky, my husband, wasn't home. The day before he had gotten a call out to serve on a special assignment of the OHP Tact Team, which he was an 18 year member. When I went to look out our second story window to see whose car was in the driveway, I saw two patrol cars. I instantly thought Rocky had been dismissed early and had brought someone home with him and he must have forgotten his key. I hurried downstairs quickly so the knocking would not wake up our two year old son and six year old daughter. I could see part of a body standing in uniform through the window next to our front door, I recognized the two troopers standing there, but neither was Rocky. Despite neither of them saying a word, I knew instantly something was terribly wrong. They never said a word. Their eyes only filled with tears and one shook his head back and forth. Finally, I asked where Rocky was and one of them could only utter, He's gone, Kelli, he's gone.

They didn't know the details yet, only that he had been shot and were on their way to get me to take me to the hospital and were at our gate when they found out Rocky had died. That is why they were speechless at the door, they had only found out the news themselves seconds before. After I had made calls to break the news to my mother and father-in-law, my sister-in-law, and my parents, did the details of the incident finally start coming in.

Apparently while Rocky and his ten member tactical team were approaching a residence to serve a search and arrest warrant on a known meth dealer, his OHP vehicle sustained 18 bullets, 12 of which pierced the windshield. Despite wearing two bullet proof vests, while Rocky was attempting to get out of the vehicle, he was shot three times in his body, once on his weapon, and the shield he was holding sustained four shots. When the vehicle stopped while being under fire, Rocky was approximately five feet from the shooter when he exited the vehicle. The total 22 rounds that were fired at him were too much to handle. Rocky somehow made it to the rear of the vehicle, but only to come to his death seconds later. The shooter had three weapons on his body when arrested along with others found inside his home. Not only did he have drugs on his body, he also had a meth lab at this residence. He had a stolen gun and a stolen vehicle at this home. He had a history of drug use and arrest. He had missed his drug related court date and that was the reason for his outstanding arrest warrant.

This man was dangerous because meth had begun ruling his life, and his habit apparently was more important than any other human life.

The destruction that September 24 brought to my life is irreversible. The heartache that it has caused to myself and our children is unbelievable. Law enforcement must have the proper equipment to battle during these encounters. Rocky wore two Level II ballistic vests at the time he was shot. The coverage area was not adequate, and the threat level did not stop a 223 bullet which was used in his incident.

Under the same circumstances, if Rocky would have had a level III vest on, he would have survived his wounds. His Tactical Team commander had put four vests for the entry team on their budget but they were denied because they are much more expensive than the standard issued Level II vest.

Today's meth users are not only endangering themselves, but also the community around them and the law enforcement officers that go out each and every day to protect you and me. Without the proper equipment their lives are even more at risk. We need to give law enforcement agencies more money to get the resources they need to counteract the actions of today's society.

Mr. HUTCHINSON. Thank you, Ms. Eales. We'll enjoy some question and answers when the testimony is over. And, again, I want to express appreciation for your courage in coming here today and explaining what happened and demonstrating the violence that law enforcement deals with day in and day out with this extraordinary problem.

At this time I recognize Mr. Cazenavette.

STATEMENT OF GEORGE CAZENAVETTE, SPECIAL AGENT IN CHARGE, NEW ORLEANS DIVISION OFFICE, DRUG ENFORCEMENT ADMINISTRATION, METAIRIE, LA

Mr. CAZENAVETTE. Thank you. Congressman Hutchinson, members of the subcommittee, I'm pleased to have the opportunity to appear before you today to discuss the growing dangers of methamphetamine trafficking, use and abuse as threat of clandestine drug laboratories pose to the citizens of our country. It is fair to say that methamphetamine is one of the more significant law enforcement social issues facing our Nation today. And it's affecting specific regions of the country in dramatic fashion. Methamphetamine trafficking and use has increased exponentially over the past 6 years, and my testimony today will provide the subcommittee with information on how, where, and why this is occurring and how Federal law enforcement is working with State and local partners across the Nation to address the methamphetamine problem.

Well, methamphetamine is not an entirely new problem in the United States. About 6 years ago an upsurge in methamphetamine traffic and its abuse began taking hold in many regions of the Nation, starting on the west coast and rapidly expanding into the Midwest. DEA statistics indicated that in 1993 DEA seized a total of 218 methamphetamine labs. Current DEA statistics indicate that in 1999 the DEA alone seized 1,948 clandestine laboratories and that the total number of laboratories seized by Federal, State, and local law enforcement officers nationwide was over 6,400.

Since 1994, the Midwest United States has experienced a significant increase in the use and availability of methamphetamines. DEA in New Orleans continues to confront a dual methamphetamine problem. Not only is methamphetamine transported into the New Orleans division by organized criminal drug trafficking groups operating from California and the southwest border, but methamphetamine is produced in hundreds of local clandestine laboratories by looseknit networks of individuals. These clandestine laboratories represent a substantial health and safety threat to our communities. And if you could see this easel over here with the pictures, it clearly depicts the situation as far as the conditions that these drugs are manufactured in and the way the people just throw them into our environment to get rid of them.

DEA nationwide methamphetamine arrests in '99 total 8,783. Of those, 327 methamphetamine arrests were made in Arkansas. Nationwide methamphetamine seizures have increased significantly since '95, according to information from DEA databases. In Arkansas methamphetamine seizures increased six fold from '95 through '97. After a slight decline in '98, preliminary data from '99 indicates that methamphetamine seizures have surpassed prior levels. DEA reports of methamphetamine seizures indicate a 37 percent increase in calendar year '99, which is considerably higher than the nationwide increase of 11.6 percent.

More than 99 percent of 6,400 clandestine laboratories seized nationwide in '99 were producing methamphetamine. The Arkansas State Crime Lab reported 554 methamphetamine labs were seized in Arkansas during calendar year '99. This figure is up from their report of 428 seized during the previous year. Reporting discrepancies between Arkansas State Crime Lab and EPIC will most likely decrease as the national clandestine laboratory database reporting system develops fully.

The production capability of most of the local clandestine labs is usually in the range of two to four ounces per process. DEA in Arkansas has initiated several investigations regarding the sale and distribution of bulk quantities of pseudoephedrine tablets by local businesses to lab operators for the production of methamphetamine. Pseudoephedrine is a simple precursor chemical for production of methamphetamine. Most of the small clandestine laboratories manufacture methamphetamine using a sodium, ammonia or noxy matter.

The noxy form for methamphetamine production utilizes ephedrine, pseudoephedrine reduction as well as sodium or lithium metal and other dangerous chemicals such as a hydro somonium process. This production technique has spread throughout the midwest and comes from the majority of the total methamphetamine labs seized in Arkansas. We have one of them set up in the back over there.

Historically the suppliers of methamphetamine throughout the United States has been motorcycle gangs and numerous other independent trafficking groups. Although these groups continue to produce and distribute methamphetamine, organized crime, other drug trafficking groups operating from Mexico and California dominate wholesale methamphetamine traffic in the United States.

Over the past few years these group have revolutionized the production of this drug by operating large scale laboratories in Mexico and the United States that are capable of producing unprecedented quantities of methamphetamines. The groups have saturated the western U.S. Market with this product, increasingly moving the product to markets in the eastern United States. The violence associated with methamphetamine trafficking and use has also produced a collateral impact on the crime statistics of communities across the U.S. Methamphetamine-related violence usually results from the user under the influence of the drug, users who commit a violent act to obtain money or other drug, and distributors who use violence in the course of conducting their illicit business. This violence routinely presents itself in the form of domestic violence.

DEA's methamphetamine strategy encompasses several elements, including targeting and building cases against major meth-

amphetamine traffickers based in Mexico and against their surrogates operating in the United States today. Controlling the precursor chemicals is necessary for methamphetamine production in Mexico and the United States, assisting State and local law enforcement agencies in making cases against methamphetamine manufacturers and traffickers working in the United States, and partnering with State and local law enforcement to assist with training, laboratory clean-up, which in the past has been accomplished through the COPS program and hopefully, with the passage of the Cannon Methamphetamine Bill will continue.

In the years to come DEA will continue to work to improve its efforts in the methamphetamine arena to insure a safe future for both law enforcement personnel dedicated to addressing this dangerous problem as well as our citizens.

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

[The prepared statement of Mr. Cazenavette follows:]

PREPARED STATEMENT OF GEORGE CAZENAVETTE, SPECIAL AGENT IN CHARGE, NEW ORLEANS DIVISION OFFICE, DRUG ENFORCEMENT ADMINISTRATION, METAIRIE, LA

Congressman Hutchinson, Members of the Subcommittee: I am pleased to have the opportunity to appear before you today to discuss the growing dangers that methamphetamine trafficking, use and abuse, and the spread of clandestine drug laboratories, pose to the citizens of our country. It is fair to say that methamphetamine is one of the most significant law enforcement and social issues facing our nation today, and it has affected specific regions of the country in a dramatic fashion.

Methamphetamine trafficking and use have increased substantially over the past six years, and my testimony today will provide the subcommittee with information on how, where and why this has occurred, and how federal law enforcement is working with state and local partners across the nation to address the methamphetamine problem.

While methamphetamine is not an entirely new problem in the United States, about six years ago an upsurge in methamphetamine trafficking and abuse began taking hold in many regions of the nation, starting on the West Coast, and rapidly expanding into the Midwest and, to a lesser extent, the Southeastern United States. DEA statistics indicate that in 1993, DEA seized a total of 218 methamphetamine labs. Current DEA statistics indicate that in 1999, DEA alone seized 1,948 clandestine laboratories and that the total number of laboratories seized by Federal, state and local law enforcement officers nationwide was over 6,400.

Since 1994, the Midwestern United States has experienced a significant increase in the use and availability of methamphetamine. DEA New Orleans continues to confront a dual methamphetamine problem: not only is methamphetamine transported into the New Orleans Division by organized criminal drug trafficking groups operating from California and the Southwest border, but methamphetamine is produced in hundreds of local clandestine laboratories by loose-knit networks of individuals. These clandestine laboratories represent a substantial health and safety threat to communities. The toxic, and often highly flammable, chemicals used in the manufacturing process pose a threat to law enforcement and emergency response personnel, as well as the general public. Fires and explosions are a constant threat in this type of environment. Traffickers often dispose of chemicals improperly, creating environmental problems that require expensive clean up.

DEA nationwide methamphetamine arrests in 1999 totaled 8,783. Of those, 327 methamphetamine arrests were made in Arkansas. Nationwide methamphetamine seizures have increased significantly since 1995, according to information from DEA's database. In Arkansas, methamphetamine seizures increased six-fold from 1995 through 1997. After a slight decline in 1998, preliminary data from 1999 indicates that methamphetamine seizures have surpassed prior levels. DEA reports of methamphetamine seizures indicate a 37 percent increase for Calendar Year 1999, which is considerably higher than the nationwide increase of 11.6 percent.

More than 99% of the 6,400 clandestine laboratories seized nationwide in 1999 were producing methamphetamine. The National Clandestine Laboratory Database,

which became operational in January 1999, serves as a clearinghouse for all federal, state, and local clandestine laboratory seizures. The El Paso Intelligence Center (EPIC) reports that a total of 284 clandestine laboratories were seized in Arkansas during Calendar Year 1999. It is important to note, however, that according to the Arkansas State Crime Lab, more than 540 methamphetamine labs were seized in Arkansas during calendar year 1999. This figure is up from their report of 428 seized during the previous year. Reporting discrepancies between the Arkansas State Crime Lab and EPIC will most likely decrease as the national reporting system develops fully.

The production capability of most of the local clandestine labs is usually in the range of two to four ounces per process. DEA Little Rock has initiated several investigations regarding the sale and distribution of bulk quantities of pseudoephedrine tablets by local businesses to lab operators for the production of methamphetamine. Pseudoephedrine is an essential precursor chemical for the production of methamphetamine.

Most of the small clandestine laboratories manufacture methamphetamine using the sodium ammonia or "Nazi" method. The "Nazi" formula of methamphetamine production utilizes ephedrine /pseudoephedrine reduction, as well as sodium or lithium metal, and other dangerous chemicals such as anhydrous ammonia in the process. Sodium metal is an extreme fire hazard, and will ignite upon contact with water. This production technique has spread throughout the Midwest and accounts for 20% of the total methamphetamine labs seized by DEA.

While methamphetamine seizures in Arkansas increased significantly since 1995, DEA New Orleans reports that the availability of methamphetamine in the state has remained relatively constant over the past two years. Methamphetamine sells for \$1,200 per ounce and \$18,000 per kilogram.

Historically, the suppliers of methamphetamine throughout the United States have been outlaw motorcycle gangs and numerous other independent trafficking groups. Although these groups continue to produce and distribute methamphetamine, organized crime polydrug trafficking groups operating from Mexico and California dominate wholesale methamphetamine trafficking in the United States. Over the past few years, these groups have revolutionized the production of this drug by operating large-scale laboratories in Mexico and the United States that are capable of producing unprecedented quantities of methamphetamine. The groups have saturated the western U.S. market with this product, increasingly moving the product to markets in the eastern United States.

Recent information suggests that Outlaw Motorcycle Gangs, most notably the Hells Angels and the Bandidos, are producing their own methamphetamine rather than relying upon California- and Mexico-based organizations. This is primarily due to the decreased purity of the methamphetamine supplied by the California- and Mexico-based organizations.

The violence associated with methamphetamine trafficking and use has also produced a collateral impact on the crime statistics of communities across the U.S. Methamphetamine-related violence usually results from the user under the influence of the drug, users who committed violent acts to obtain money or more of the drug; and distributors who used violence in the course of conducting their illicit business. Television viewers nationwide recall watching live footage of a paranoid methamphetamine addict who stole a tank from a National Guard armory and went on a car crushing rampage in the San Diego area. Another methamphetamine addict in New Mexico beheaded his son after experiencing hallucinations in which he believed his son was Satan. Every community with a methamphetamine abuse problem has experienced violence in some form or another. However, most commonly, this violence presents itself in the form of domestic violence.

INTERNATIONAL ORGANIZED CRIME GROUPS BASED IN MEXICO

Today, there are two major forces fueling the methamphetamine trade within the United States: first, the well-organized methamphetamine manufacturing and trafficking groups based in Mexico; and second, a widely scattered series of local methamphetamine producers, predominantly based in rural areas around the country.

Traffickers based in Mexico have had a long history of involvement in poly-drug production and smuggling. For years, these powerful and violent groups produced and smuggled marijuana and heroin into the United States, dominating the heroin trade in the Southwest and Midwest regions of the nation. During the early 1990's, the Cali drug mafia reached an accommodation with trafficking groups based in Mexico who agreed to transport multi-ton quantities of cocaine into the United States. At first, transporters from Mexico were paid in cash, but eventually they negotiated to be paid in cocaine, which they distributed themselves within the United

States. This series of changes in the cocaine trade, along with the arrest of the powerful Cali leaders in 1995 and 1996, greatly strengthened the organizations from Mexico.

The increased power and sophistication of the Mexican traffickers led them to seek to successfully dominate all phases of the methamphetamine trade, from beginning to end. Because methamphetamine is a synthetic drug created from a mixture of chemicals, traffickers based in Mexico did not have to rely on traffickers in other nations to provide coca or finished cocaine for distribution. These groups initially had ready access to precursor chemicals on the international market. Although many countries do have chemical control laws, as a practical matter there are fewer controls in Mexico and overseas than in the United States, a fact which allowed the organizations to produce large quantities of high purity methamphetamine in clandestine laboratories, both in Mexico and southern California. Methamphetamine organizations based in Mexico have developed international connections with chemical suppliers in Europe, Asia, and the Far East, and with these connections, they have been able to obtain ton quantities of the necessary precursor chemicals (ephedrine and pseudo-ephedrine) to manufacture methamphetamine and amphetamine. In recent years, with the growth of international efforts to control the flow of bulk ephedrine and pseudo-ephedrine, in which DEA has played an important role, Mexican traffickers have also turned to tableted forms of these precursors to manufacture their product and now frequently buy their products from rogue chemical suppliers in the United States.

In addition, readily available precursor chemicals allow trafficking groups from Mexico to produce thousands of pounds of methamphetamine in laboratories in Mexico and California. These methamphetamine organizations based in Mexico also have well-established, polydrug distribution networks in place throughout our country. This snapshot of methamphetamine use is a graphic illustration of the kind of devastation international cartels can bring to American communities—even the smallest ones. The Mexican traffickers have single-handedly created a new and booming demand for methamphetamine, moving it in mass quantities eastward across the country—far beyond the traditional West and Southwest markets. They are responsible for about 80 percent of the meth available in this country, and the super-labs they operate produce between 10 to 100 pounds of meth a day.

DOMESTICALLY PRODUCED METHAMPHETAMINE

The methamphetamine available in the United States is produced and trafficked by well-organized groups from Mexico as well as small, domestic mom and pop labs which is now an equally significant problem. The production level of these mom and pop laboratories, is relatively low; however, the large number of these labs and the environmental and law enforcement concerns associated with their operation, poses major problems to state and local law enforcement agencies, as well as to DEA.

Methamphetamine is, in fact, a very simple drug to produce. A user can go to retail stores and easily purchase the vast majority of the ingredients necessary to manufacture the drug. Items such as rock salt, battery acid, red phosphorous road flares, pool acid, and iodine crystals can be utilized to substitute for some of the necessary chemicals. Precursor chemicals such as pseudoephedrine can be extracted from common, over-the-counter cold medications. A clandestine lab operator can utilize relatively common items such as mason jars, coffee filters, hot plates, pressure cookers, pillowcases, plastic tubing, gas cans, etc., to substitute for sophisticated laboratory equipment. Unlike Fentanyl, LSD, or other types of dangerous drugs, it does not take a college-educated chemist to produce methamphetamine. In fact, less than 10 percent of those suspects arrested for the manufacture of methamphetamine are trained chemists, which may be one reason we see so many fires, explosions, and injuries in clandestine lab incidents.

Despite the fact that the majority of these laboratories produce relatively small amounts of methamphetamine, the proliferation of this type of laboratory has imposed terrible burdens on law enforcement agencies and departments.

In some respects, the methamphetamine problem is synonymous with the clandestine laboratory problem and this issue has been the focus of much media attention in recent months. Although the methamphetamine problem and the clandestine lab problem are both part of the same drug abuse mosaic, in reality, they are somewhat different issues, which may require a different law enforcement response in order to successfully combat the spiraling increases in clandestine laboratories.

The threats posed by clandestine labs are not limited to fire, explosion, poison gas, drug abuse, and booby traps; the chemical contamination of the hazardous waste contained in these labs also poses a serious danger to our nation's environment. Each pound of methamphetamine generated in a clandestine lab can result in as

much as five pounds of toxic waste, which clandestine lab operators routinely dump into our nations streams, rivers, and sewage systems to cover up the evidence of their illegal operations. Because of the possibility of explosions and direct contact with toxic fumes and hazardous chemicals, law enforcement officers who raid clandestine drug labs are now required to take special hazardous materials (HAZMAT) handling training.

The highly toxic and flammable chemicals involved make these rudimentary laboratories ticking timebombs that require specialized training to dismantle and clean up. DEA is pleased to have certified thousands of state and local law enforcement officers in raiding and dismantling them and provide funds for cleaning them up. In Arkansas alone, DEA has trained and certified over 177 law enforcement officers.

The size of lab does not matter when it comes to the danger level involved in a clandestine laboratory raid. The smaller labs are usually more dangerous than the larger operations because the cooks are generally less experienced chemists who often have little regard for the safety issues that arise when dealing with explosive and poisonous chemicals. However, the size of a clandestine laboratory can be a significant factor in the costs associated with the hazardous waste cleanup. Larger production laboratories usually have larger quantities of toxic chemicals, and therefore, more significant hazardous waste disposal charges. DEA records indicate that the average costs of cleanup for clandestine labs seized throughout Arkansas have ranged from \$3,000.00-\$9,000.00 depending on the size of the lab.

DEA's Strategy to Fight Methamphetamine

DEA's methamphetamine strategy encompasses several elements, including targeting and building cases against the major methamphetamine traffickers based in Mexico, and against their surrogates operating in the United States today; assisting state and local law enforcement agencies in making cases against methamphetamine manufacturers and traffickers working in the United States; partnering with state and local law enforcement to assist with training and laboratory clean-up; and controlling the precursor chemicals necessary for methamphetamine production in Mexico and the United States.

DEA CLANDESTINE LABORATORY SAFETY/CERTIFICATION TRAINING

In 1987, DEA created a special training unit for clandestine laboratory safety/certification training which is located at the U.S. Marine Corp Base at Camp Upshur, Quantico, Virginia. This unit originated in response to concerns from DEA management that the agency's Special Agents and task force officers were being exposed to hazardous, toxic, and carcinogenic chemicals while executing raids on clandestine drug laboratories. Some DEA field offices, primarily in the state of California, were reporting that Special Agents and officers appeared to be suffering serious health problems as a result of both short and long-term exposure to the chemical and toxic fumes encountered when processing these drug laboratories. The U.S. Code of Federal Regulations, 29 C.F.R. 1910.12, now mandates that all federal, state, and local law enforcement officers must receive at least 24 hours of hazardous chemical handling training (specific Occupational Safety, Health and Administration (OSHA) standards for courses and equipment), prior to entering a clandestine drug laboratory.

The dangers associated with the clandestine manufacture of methamphetamine are clear. Reports from DEA and state police records indicate that at least five or six meth producers are now being killed every year from explosions and/or fires in clandestine labs. Many more receive serious burns or develop serious health problems from clandestine laboratory explosions and fires. There have been reports of apartment complexes and a \$3,500,000 hotel, which burned down as the result of drug lab "cooks" that turned into chemical time bombs. Recent years have seen an increase in the number of injuries to untrained police officers that investigate and/or dismantle clandestine laboratories without utilizing the proper safety equipment.

Reports of property damage and injuries to children from drug lab disasters have also increased throughout the nation. According to our Little Rock Resident Office, approximately 90% of the clan labs located in private residences had children either on site or present at the time of the seizure.

In response to this serious problem and to satisfy the training requirement established by OSHA, DEA has initiated an aggressive training schedule to increase the number of clandestine laboratory safety schools provided to state and local police throughout the nation. The DEA Clandestine Laboratory Safety Program conducts its safety/certification schools at the DEA Clandestine Laboratory Training Facility in Quantico Virginia. An auxiliary regional training facility has also been established for the Midwest U.S., near Kansas City. This specialized unit frequently conducts in-service training and seminars for law enforcement groups such as the Clan-

destine Laboratory Investigators Association (CLIA) and the International Association of Chiefs of Police (IACP). In addition, the DEA Clandestine Laboratory Training Unit provides police awareness training seminars to law enforcement organizations across the U.S., as well as the annual re-certification training which is mandated by OSHA regulations.

Students who graduate from the DEA Clandestine Lab School in Quantico, Virginia, are issued over \$2,000 in specialized clandestine lab safety gear. Some of the items issued include: Level III nomex fire-resistant ballistic vests; nomex fire-resistant jackets, pants, and gloves; chemical resistant boots; air purified respirators; combat retention holsters; special flashlights; chemical resistant clothing for conducting hazard assessments and processing drug labs; and goggles to prevent eye injuries in the event a suspect throws acid or other dangerous chemicals at law enforcement personnel. Since 1997, DEA has conducted a total of 103 clandestine laboratory certification schools for 3,803 Special Agents and state and local law enforcement personnel across the country.

In Fiscal Year 1999, DEA received a total of \$11.0 million through the Community Oriented Police Services (COPS) program for state and local methamphetamine related training and hazardous waste cleanup services. This total included \$6.0 million to provide for clandestine laboratory certification training and \$5.0 million for contracted hazardous waste disposal services for state and local law enforcement personnel and organizations across the United States.

This year, Congress has changed the distribution method of COPS monies. Unlike in past years, funding provided by the Congress through the COPS methamphetamine program in FY 2000 will be distributed directly to select state and local law enforcement organizations throughout the country instead of to DEA for necessary training and cleanup services. Through the use of residual COPS carryover funding from 1998 and 1999, as well as some direct resources, DEA will continue to provide training and cleanup services for those remaining state and local law enforcement organizations (including Arkansas law enforcement offices and personnel) which were not covered in the FY 2000 appropriation language. These resources will be provided to state and local law enforcement organizations on a first come, first serve basis.

ACCOMPLISHMENTS

Today, we are optimistic that our chemical control efforts, combined with aggressive anti-methamphetamine law enforcement efforts in the local police arena, have been the catalyst for the decrease in methamphetamine purity. However, success in combating the smaller lab-based methamphetamine problem may be much more difficult to achieve. In recent months, several DEA offices in the Midwest and California have reported that the purity of Mexican methamphetamine has significantly dropped in the majority of controlled purchases and seizures. Many law enforcement agencies in the Midwest and California are now reporting that the previous high purity (80%+ range) of Mexican methamphetamine has now dropped to less than 30%. Information provided by DEA reporting systems shows that nationally, the average purity for methamphetamine has dropped from 60.5 percent in 1995 to 27.2 percent in 1999.

CONCLUSION

Methamphetamine, and other controlled substances, which are produced in clandestine laboratories, provides an increasing threat to drug law enforcement personnel as well as the citizens of our nation. The vast power and influence of international drug trafficking syndicates, particularly those based in Mexico, continues to grow. Their impact on communities around our nation is devastating.

Domestically based drug traffickers who engage in methamphetamine production and trafficking are also a major threat to our nation's stability. Since methamphetamine is relatively easy to produce, and with the proliferation of information on methamphetamine production available on the Internet, unscrupulous individuals will continue to take part in this illegal and dangerous enterprise. Traffickers only need \$1,000 worth of chemicals to make \$10,000 in methamphetamine in a trailer, a hotel room or house in any location within the United States.

Reports of property damage and injuries to children from drug lab disasters have also increased throughout the nation. According to our Little Rock Resident Office, approximately 90% of the clan labs located in private residences had children either on site or present at the time of the seizure.

As the number of clandestine labs operated by both internationally-based criminal organizations and mom and pop, small, independent groups continues to escalate, the chances of narcotics officers, or other uniformed personnel, inadvertently en-

countering clandestine labs will become more and more prevalent. In the years to come, DEA will continue to work to improve its efforts in the methamphetamine arena to ensure a safe future for both our law enforcement personnel dedicated to addressing this dangerous problem as well as our citizens. I thank you for providing me with this opportunity to address the Subcommittee and I look forward to taking any questions you may have on this important issue.

Mr. HUTCHINSON. Thank you. At this time the Chair recognizes Mr. Hardin.

STATEMENT OF BILL HARDIN, DIRECTOR, OFFICE OF THE STATE DRUG DIRECTOR, ARKANSAS STATE POLICE, LITTLE ROCK, AR

Mr. HARDIN. Thank you, Mr. Chairman and members of the committee. My name is Bill Hardin, and I'm here today representing Governor Huckabee as the State drug director, and it was his instruction and my pleasure to certainly welcome Congressman Hutchinson back to Arkansas and members of the committee to Arkansas. We appreciate your interest in and this opportunity to bring attention to the issue that we refer to as the meth monster.

The meth monster law enforcement term is at an epidemic stage in our State. I can't sit here and tell you why Arkansas is being devastated by this particular illegal drug, but, nevertheless, it is. Once upon a time, and Mr. Cazenavette mentioned, that we could very easily recognize the meth monster. He rode a Harley Davidson and wore a black leather jacket, flew gang colors of a motorcycle gang. Today the meth monster drives expensive sports cars, drives SUVs, lives in our low income housing areas, and dines at our country clubs and sits in our board rooms.

The meth monster has no bias toward or preference for. It's a very correctly constitutional animal. There is no bias based on sex, race, age, religion, or social status. It is truly an equal opportunity destroyer. It is blind to any of those, as I mentioned, constitutional issues. The meth monster is in our communities, it's in rural Arkansas, it is in our cities, our schools, our workplaces, our neighborhoods and our homes. It is backlogging our court system, it is polluting our environment, it is overcrowding our jails.

We have a problem we need some help with it. We're doing all we can. There is a tremendous effort by the law enforcement community in Arkansas, those being Federal, State, and local agencies working together. The treatment and prevention community is being overwhelmed by the methamphetamine addicts who are beginning to seek treatment and to know just the sheer numbers that that program is going to be completely overwhelmed in time.

We address it in two ways here in the State as far as my business is concerned as the State drug director. We have now 20 funded State drug task forces. We are funded primarily through the Federal funding provided through the Burn Grant program. We received a little over \$5 million this past year, and we fund as best we can, that grassroots effort against the illegal drugs, which is primarily methamphetamine.

Additionally, and something that we are hoping to bring to fruition in the near future, General McCaffery's office, the Office of National Drug Control Policy funds a program with \$183 million, and it is referred to as the HIDTA. And if you're not familiar with that, it's high intensity drug trafficking area. There are currently

31 areas in the States designated as HIDTAs, which simply means that additional Federal funds are made available to Federal, State, and local law enforcement for collaborative efforts to expand our joint efforts in fighting crime in those particular areas which are designated as high drug trafficking production, manufacturing, and distribution areas in the country. The statistics, I think, certainly warrant Arkansas as a candidate for receiving that HIDTA designation.

Early next week, Governor Huckabee along with Congressman Hutchinson and Senator Hutchinson will meet with General Barry McCaffery of the Office of National Drug Control Policy and discuss the hopeful designation of Arkansas at some point as a HIDTA area. We have submitted that plan over the Governor's signature a month ago, and we are awaiting some word on that.

As I said, we don't have an answer as to why Arkansas is overwhelmed with methamphetamine. I simply tell you that we are. We're doing all we can jointly now with the Federal, State, and local task forces, along with the Arkansas National Guard's anti-drug unit, and we're fighting a battle. We cannot incarcerate our way out of this issue, and we have great need for your help and support. Thank you.

[The prepared statement of Mr. Hardin follows:]

PREPARED STATEMENT OF BILL HARDIN, DIRECTOR, OFFICE OF THE STATE DRUG
DIRECTOR, ARKANSAS STATE POLICE, LITTLE ROCK, AR

Mr. Chairman, members of the committee, my name is Bill Hardin. I am here today representing Governor Mike Huckabee whom I serve as State Drug Director and chairman of the Arkansas Drug Council. It is in that capacity that I appear before you. On behalf of Governor Huckabee and the citizens of Arkansas, I am most appreciative to Representative Hutchinson and this committee for bringing attention to this insidious menace we call "The Meth Monster."

Colonel Tom Mars, Director of the Arkansas State Police and Special Agent in Charge George Cazenavette III, Drug Enforcement Administration, detailed (will detail) for you the extent of our methamphetamine problem in Arkansas, its origins, both in and out of Arkansas, and its impact on our combined federal, state and local law enforcement community.

I will share with you an overview of our grass roots law enforcement efforts through Judicial Drug Task Force (DTF) operations, the impact methamphetamine has on our population, and our combined law enforcement/treatment programs and efforts to implement collaborative solutions to the methamphetamine epidemic sweeping across Arkansas.

As State Drug Director and chairman of the Arkansas Drug Council, I am responsible for funding approval and oversight of 20 regional drug task forces organized along judicial district boundaries as well as the selection and funding of 32 public treatment centers devoted to treatment of alcohol and drug abuse.

On an annual average, we receive federally appropriated funds equating to 3 dollars for prevention and treatment to 1 dollar granted to law enforcement and related programs.

The drug task force concept originated in 1989 with the establishment of the federally funded Edward Byrne Memorial Grant program so named after a New York City Narcotics Officer killed in the line of duty. These grants continue today as the sole source of federal funding, matched in part by state and local contributions, financing our statewide drug investigation efforts.

Arkansas initially received \$4,260,000 in 1990 and increased to \$5,265,000 in 1997, received \$5,306,000 in 1999, and was reduced to \$5,100,000 in Fiscal Year 2000.

These funds are used for salaries, maintenance and operation, vehicles and equipment to support over 75 DTF officers. Additionally, funding is provided to programs in the Arkansas Attorney General's Office, Arkansas Department of Correction Drug Treatment Programs, State Crime Laboratory, Methamphetamine Laboratory Response Team, Methamphetamine laboratory entry equipment for Arkansas State Police and DTF officers, start up funding for an Arkansas State Police/Drug Enforce-

ment Administration "significant drug trafficking" strike force. These funds are also used for research and development of a statewide computer system allowing free flow of information between all law enforcement agencies regarding the location, movement and identities of drug dealers and manufacturers.

These dollars are being stretched to the breaking point. The men and women who serve in the DTF operations are also stretched to the limit working day and night. Their aggressive and professional efforts are supported by the following figures which demonstrate the ever-increasing demands placed on them. As noted earlier, the available money to support their heroic efforts has remained constant while their enforcement results continue to show dramatic increases.

As an example, in 1994, six (6) methamphetamine labs were "taken down" in Arkansas. In 1999, 554 labs were "taken down" with methamphetamine seized having a street value of \$4.7 million. As of February 17, 2000, the Arkansas Crime laboratory has responded to 110 methamphetamine labs this calendar year. In 1999, 36% of all drug arrests made by DTF officers involved methamphetamine followed by crack cocaine at 14% and cocaine at 5%. Methamphetamine is our single most significant illegal drug problem.

Arkansas is ranked 3rd in methamphetamine lab operations and 1st in methamphetamine labs per capita. This is not something in which we take pride, but we recognize the problem and are aggressively addressing it as our available resources allow.

I cannot tell this committee why Arkansas has developed such a devastating methamphetamine problem. It is not from a lack of aggressive law enforcement efforts, which combine federal, state and local police agencies in addition to a very active counterdrug unit of the Arkansas National Guard. We have an extremely positive relationship with all agencies at all levels.

I simply tell you that methamphetamine abuse in Arkansas is at an epidemic stage. The harder we work the deeper we discover the tentacles of the "Meth Monster" in our midst.

The "Meth Monster" was once known on sight. It rode a motorcycle and wore a leather jacket which displayed gang "colors." Now it drives expensive sports cars and sport utility vehicles. It resides in our low income housing areas and sits comfortably in our boardrooms and country clubs. It is in our schools, our workplaces, our neighborhoods and homes. It displays no bias or preference based on age, sex, race, religion or social status. It pollutes our environment and overcrowds our jails. It saddens me to tell you that it has also worn the badge of an Arkansas Drug Task Force Officer. The "Meth Monster" is truly an equal opportunity destroyer.

Arkansas currently houses over 12,000 thousand adult inmates in its correctional facilities. Our best estimate identifies approximately 65% of these inmates as incarcerated for drug violations or having committed crimes while under the influence of drugs or committed a crime to obtain money to support a drug addiction. Methamphetamine is the most prevalent drug identified as the cause of drug related incarcerations.

However, the methamphetamine problem doesn't stop at the prison door. According to the Arkansas Department of Correction, in 1996, marijuana was detected in approximately 900 inmate drug tests, while methamphetamine was detected in more than 400 inmate tests.

In 1999, marijuana detection dropped to approximately 750 inmates while methamphetamine use was detected in more than 600 inmates. Methamphetamine is the 2nd most prevalent drug detected in the prison drug screens with a marked increase during the past 3 years.

Inmate offenders currently under probation and parole supervision were subjected to over 50,000 drug tests in 1999. Of that number, 23% tested positive and methamphetamine comprised 9% of the total. 965 offenders were returned to incarceration as a result of continued drug use during the year.

I believe I speak for the law enforcement community when I tell you we can not incarcerate our way out of this methamphetamine epidemic. The "Meth Monster" does not recognize nor fear brick and mortar.

I am convinced that we must look to alternative methods in addition to stringent law enforcement and incarceration if we hold any hope for ridding our state of this problem.

During his address at the Governor's 1999 Methamphetamine Symposium, Governor Huckabee praised the valiant efforts of law enforcement officers and stated that we must also do more to break the cycle of recidivism in drug addiction. He correctly pointed to the folly of repeatedly incarcerating the same people only to release them, addiction in tact, to create more victims, to clog our courtrooms and to take up prison bed space which could be used to incarcerate the violent criminal for longer sentences.

Nationally, we expect a 46% recidivism rate within 3 years for drug addicted offenders. However, proven treatment programs reduce this recidivism to approximately 18% when forced treatment is provided for the optimum period of nine months.

We have such a program in place within the Department of Correction, although limited by the very expensive nature of establishing drug treatment units. The Department of Community Punishment is actively establishing statewide treatment programs through Therapeutic Community and Day Reporting Centers.

The Department of Community Punishment supervises approximately 40,000 offenders from the courts and prisons. They are placed on probation/parole or confined in four statewide community punishment centers (CPC.) It is conservatively estimated that 72% of these offenders committed crimes as a result of substance abuse problems. Short and long-term treatment is based upon the therapeutic community concept which is a behavioral modification program. This concept is considered nationally to be the most effective in substance abuse treatment.

Currently, treatment is provided through the Southwest Arkansas Community Punishment Center in Texarkana, a licensed six-to-nine month "Special Needs" Treatment Program for chronic substance abusers with mental health or medical problems. Department of Community Punishment personnel refers offenders to community-based residential, outpatient, and mental health treatment and transitional living services.

The Department of Community Punishment is undertaking a major statewide effort to improve an agency capability to provide effective aftercare for substance abusing offenders so they may continue services started during incarceration and address issues concerning substance abusing offenders at high risk of re-offending.

The Department of Community Punishment is establishing two day reporting centers in Osceola and Texarkana, with substance abuse counseling and referral services as major program components. The courts or the Post Prison Transfer Board may require an offender to report to the Day Reporting Center for intensive supervision instead of incarceration.

The Department of Community Punishment proposes to operate the Little Rock Post Adjudication Drug Court starting July 1, 2000. Defendants who plead guilty may enter the drug court program as a condition of probation, thus integrating probation supervision with substance abuse treatment. Successful completion of the comprehensive program allows individuals to have their records expunged.

The cycle of recidivism must be broken and treatment offers the best solution. The longer the period of treatment, the greater chance of complete rehabilitation.

If we accept the statistics that approximately 65% of our inmate population has a drug addiction and that on average 46% will return upon release within 3 years, then logic dictates that we support a program which addresses this recidivism with forced treatment. If successful, a greater percentage of institutional beds could be saved for the hard core, violent and incorrigible criminals who could expect to serve longer sentences. This could greatly reduce the expectations of early release in order to free up bed space in our already overcrowded prisons.

This raises the issue of what can we do with those first time drug offenders and juveniles prior to or as an alternative to incarceration. Across the nation, the concept of "Drug Courts" has developed as an excellent and proven alternative. These courts operate both as reconviction and post conviction alternatives. Treatment, testing, employment and continuing education are conditions required for successful completion of a court ordered program in place of incarceration.

In Arkansas, Governor Huckabee's Drug Council partially funds 4 drug courts, 2 specifically designated for juveniles, and the Governor has very recently submitted written support for funding of a 5th drug court program.

As mentioned earlier, we fund, in part, 32 treatment centers. These treatment providers are just now seeing the influx of methamphetamine addicts seeking services. The impact of this group is going to stress our facilities and our professional ability to provide adequate treatment. The law enforcement community has had time to recover and adjust to the sheer volume of methamphetamine investigations, however our treatment programs have only seen the tip of the iceberg and can only guess at what lies in wait. Funded providers daily have over 400 persons on a waiting list seeking treatment services for an alcohol or drug problem. In 1992, Methamphetamine admissions to treatment accounted for 2.5% of the total admissions. By 1999 that percentage had increased to 14.4%.

The increase in meth admissions to treatment programs has risen drastically as noted below:

	Year							
	1992	1993	1994	1995	1996	1997	1998	1999
Meth Admissions	294	380	643	1137	1290	1230	1744	1925

I would like to share one example of treatment as an alternative to incarceration. As a part of treatment program funding, the Drug Council financially assists the Arkansas Cares Program, often used by the courts as an alternative to incarceration.

This program, with the assistance of the University of Arkansas Medical Center, provides prenatal and postnatal care for drug addicted mothers. While in the "live in" setting, the mother receives drug treatment, parenting skills, and employment training opportunities. The infants, often born as drug addicted, receive excellent health care while other siblings under the age of 14 are in monitored educational programs and/or supervised day care.

The program is a labor intensive and costly to operate. However, four families can be served for what it costs to incarcerate one mother or pay for foster care for one child. When one considers that an incarcerated mother may easily have three children to go into foster care, the cost savings of mother/child treatment becomes even more pronounced. Fourteen families can be served for what it costs to incarcerate one mother and place her three children in foster care. The Arkansas Department of Correction places an annual cost of approximately \$14 thousand dollars to house an adult inmate. The annual cost for juvenile incarceration increases to approximately \$35 thousand dollars per inmate. Additionally, and more important, the outcome of treatment, as opposed to incarceration, offers the return to a healthy, productive and drug free family life.

Treatment for substance abuse is effective and recovery reclaims lives. Providing effective drug treatment is critical to breaking the cycle of drug addiction, violence and helping substance abusers return as productive members of society.

In the 1999 Strategic Goals and Objectives of the National Drug Control Strategy, General Barry McCaffrey identifies three objectives which the Arkansas law enforcement and drug treatment communities are aggressively pursuing. General McCaffrey states that we must:

1. "strengthen law enforcement including federal, state and local drug task forces . . ."
2. "improve the ability of HIDTAs (High Intensity Drug Trafficking Areas) to counter drug trafficking"
3. "Break the cycle of drug abuse and crime"

We are directing our resources to these very specific issues. A combined state and federal task force has been organized and targeted against significant traffickers. Governor Huckabee has recently submitted a proposal to General McCaffrey requesting HIDTA designation for Arkansas as well as having directed that every effort be made to explore and implement programs which will directly impact on breaking the cycle of drug abuse and drug recidivism.

These programs are all expensive. But we can't afford not to fight this fight. We need your help. We are good stewards of the money you provide to us. We jealously guard each grant dollar and demand that fiscal responsibility go hand in hand with our desire to provide the best service available to the people of Arkansas.

Unfortunately, the most recent information available as published by the National Criminal Justice Association, sets forth President Clinton's proposed budget for FY 2001 which would reduce the Edward Byrne Memorial Grant program from current annual funding of \$500 million to \$400 million, a 20% reduction.

At such a critical point in the battle against methamphetamine and the multitude of societal problems which result, an increase rather than a decrease in funding would be the reasonable expectation. To reduce the funding level while identifying the very core objectives of our statewide efforts seems incongruous. Federal funding matched by state and local funding is absolutely imperative if we are truly committed to taking this fight to the methamphetamine importers, manufacturers and distributors.

I personally dread looking the men and women of Arkansas' law enforcement community in the eye and asking them to continue their efforts while doing so with less financial support.

I close my remarks by reiterating the obvious.

Arkansas has a very serious methamphetamine problem. The unfortunate statistics verify this. We must address the methamphetamine problem with a multidiscipline and collaborative approach. We must combine early and continuing educational programs, prevention, treatment, and vigilant law enforcement. We must be innovative in our approach with short term objectives of aggressive law enforcement to reduce methamphetamine manufacturing, importation, distribution and consumption, matched with long term goals of rehabilitating our lost friends, neighbors, coworkers and family members.

I pledge to you our very best efforts, but we need your support.

On behalf of Governor Huckabee, I want to thank you for your time, your attention, and to share with you the appreciation of the citizens of Arkansas for your interest in this devastating matter so critical to us all.

Thank you.

Mr. HUTCHINSON. Thank you and thank you for your work as well. And now I recognize Mr. Hajok.

STATEMENT OF BLAINE HAJOK, PHARMACY LOSS PREVENTION DIVISION, WAL-MART STORES, INC., BENTONVILLE, AR

Mr. HAJOK. Good afternoon, Mr. Chairman, and members of the House Judicial Committee on Crime. Thank you. Thank you for the opportunity to testify on behalf of Wal-Mart Stores, Incorporated and to talk to you about our partnership with the DEA and the efforts to combat illegal manufacture of methamphetamine.

Wal-Mart stands by its three basic beliefs set forth by our founder Sam Walton; respect for the individual, strive for excellence, and service always to our customers. With these beliefs in our minds, we develop relationships with our communities and organizations such as the DEA. Through our partnership with DEA we became aware of the over-the-counter OTC medications that are sold in our stores that are occasionally used in illegal drug manufacturing. Wal-Mart saw an opportunity to assist the DEA to further their efforts in the war against crime and drugs.

Through these products, although they are safe if used reasonably by the majority of our customers, Wal-Mart was the first retailer to implement a company-wide policy limiting the sales of over-the-counter cough, cold, and diet pills containing pseudoephedrine, phenylpropanolamine, and ephedrine. Our policy enforces a maximum allowable quantity of six items, and three items that of a larger pack size. Our policy is enforced at the registers prompting associates as the sales are taking place to a limit of those sales.

We felt our decision to implement this policy would deter those individuals illegally producing methamphetamine. In addition, we have signing in place at store level to alert our customers of the existence of this program. Wal-Mart's current initiative is even stricter than the Federal regulations stipulated under the second phase of the Methamphetamine Control Act of 1996.

Wal-Mart uses its internal educational programs, such as computer-based learning, satellite broadcasts, individual training programs at store level, to teach our associates about the sales at store level limitations and the importance of it. We also have taken an active role in helping other retailers understand our programs so that they can better be part of this growing issue. We recently spoke at a National Chain Drug Store Association conference on

the topic of methamphetamine production. The audience was a large group of executives from other retail groups.

Wal-Mart is proud to be teamed up with the DEA in its ongoing battle against drug abuse in our country. It is the right thing to do for our customers, our associates, and our communities. We commend the DEA for its commitment to make our country a safe place for our families, and we hope that we can continue to work as partners to foster education and awareness in this matter.

Thank you very much for allowing me to speak on this topic today.

[The prepared statement of Mr. Hajok follows:]

PREPARED STATEMENT OF BLAINE HAJOK, PHARMACY LOSS PREVENTION DIVISION,
WAL-MART STORES, INC., BENTONVILLE, AR

Congressman Hutchinson and members of the House Judiciary Subcommittee on Crime, I am Blaine Hajok, a member of the Pharmacy Loss Prevention Division at Wal-Mart Stores, Inc. Thank you for the opportunity to testify today on behalf of Wal-Mart about our relationship with the DEA and our efforts to help combat the illegal manufacturing of methamphetamines.

Wal-Mart Stores, Inc. is a global retailer, operating more than 3000 stores and clubs across the world, our growth can be attributed to three guiding principles—Respect for the Individual, Strive for Excellence and Customer Service. Wal-Mart is dedicated to providing our customers the right merchandise at the right price at the right time. Customer service is also about being a responsible retailer and corporate citizen in the communities we serve.

When Wal-Mart establishes roots in a community, we become a member of that local community, employing members of that community and making a difference through community service. In fact, last year, Wal-Mart associates and customers raised and contributed a record \$163 million for charitable organizations in the communities in which we operate. The company is returning more than \$3 million a week to local community organizations.

With more than 880,000 associates nationwide, Wal-Mart is the fastest growing and largest private employer in the United States. Both full-time (approximately 70% of Wal-Mart's work force) and part-time people are eligible for benefits. These benefits include medical, dental, stock ownership and retirement. Wal-Mart is one of the leading employers of African Americans (more than 124,000), Hispanics (more than 74,000) and senior citizens in the United States, employing more than 134,000 people over the age of 55.

Wal-Mart takes the role of being a responsible retailer seriously, underscored by our support and involvement in several programs, which address children's safety. For example, Wal-Mart is one of the leading supporters of the National Center for Missing and Exploited Children in Washington, D.C. Through our work together, we have reunited 37 children with their families since 1996.

Like the customers in our communities, Wal-Mart associates are concerned with the issues that affect our lives and our families, including child safety, education and drug abuse, just to name a few. Wal-Mart is one of the leading supporters of education in the United States. Last year, Wal-Mart invested \$8.4 million in individual college scholarship programs, providing funds for its own associates, local communities and African American and Hispanic students. In addition, since 1975 Wal-Mart has contributed more than \$62 million in scholarship support.

Wal-Mart stores and SAM'S Clubs have saluted more than 7,600 Teachers of the Year since 1996, making it one of the largest teacher recognition programs in the country. These teachers' schools have received a total of more than \$3.5 million in Wal-Mart education grants since the program began.

As members of our local communities, our associates share a concern about the growing issue of drug abuse, specifically the illicit manufacturing of methamphetamine.

In 1996, through an ongoing relationship with the DEA, it became increasingly apparent to Wal-Mart that there was a growing concern regarding the illegal manufacturing of methamphetamine through the diversion of over-the-counter (OTC) medications containing pseudoephedrine, phenylpropanolamine and/or ephedrine. The DEA informed us that legitimate sources, such as Wal-Mart, other retailers and mail order outlets, were becoming increasingly popular targets as sources for diversion.

According to the DEA, methamphetamine abuse in the U.S. was on the rise throughout the 1990's, which led to its reputation as "the growth drug of the 1990's". Methamphetamine is a dangerous manmade stimulant that results in the same addiction cycle and physiological trauma associated with crack cocaine. It has been called "poor man's cocaine" because it is cheaper and provides a longer lasting high than cocaine.

In September 1996, Congress unanimously passed the Comprehensive Methamphetamine Control Act. As this act moved through Congress, Wal-Mart became aware of the legislation and the DEA's objectives in curtailing illegal methamphetamine production. Through an established relationship with David Walkup, Diversion Control Officer at the DEA, Wal-Mart learned of the dramatic increase in the number of methamphetamine-related deaths and violent crimes.

Wal-Mart saw an opportunity to proactively assist with the DEA in its efforts to fight drug abuse. On February 1, 1997, in the attempt to send a clear and strong message to potential drug abusers, Wal-Mart took the position of limiting the sales of certain cough, cold and diet pill products. Although we didn't expect our efforts to solve the drug problem, we felt our initiative would be a step in the right direction against the war on drugs, and might encourage other retailers to do the same.

Wal-Mart Stores, Inc. implemented a chain-wide policy limiting the sale of a majority of over-the-counter cough, cold and diet pill products containing pseudoephedrine, phenylpropranolamine or ephedrine. Our policy enforces a maximum allowable quantity of six (6) items to be purchased at one time by a customer. In the event a customer purchases cough, cold and diet pill products containing larger quantities of the product, we will enforce a maximum allowable purchase of three (3) items. In either case, the sales limitation will not inconvenience our everyday customers who purchase these products for their intended purpose.

We realize that a majority of Americans are not abusing the use of commonly purchased over-the-counter cough, cold and diet pill products, but there are those individuals who use retail outlets to supply their illicit drug manufacturing efforts. We hoped our decision to implement a policy restricting the purchase of these products might help deter those individuals illegally producing methamphetamine.

A united effort by Wal-Mart and the DEA contributed to the successful implementation of the sales limitation policy. Through a combination of associate communication and training, public relations, and technology, customers across the country learned of Wal-Mart's initiatives. Programming changes were downloaded to registers in more than 2,300 locations that notified our cashiers of the purchase limitation related to pseudoephedrine-related products as they were scanned for sale. When a product containing methamphetamine precursor elements is scanned, the cashier receives a message on the register screen alerting the customer and the associate to the purchase limitation of those items.

Because of our technology and internal education infrastructure, the program was relatively simple to establish and execute. Electronic and broadcast communication, including satellite broadcasts, notified store managers, cashiers and pharmacy associates of the methamphetamine issue as well as the measures taken at Wal-Mart to deter diversion of precursor elements. Pharmacy District Managers attended seminars hosted by the DEA in an effort to educate them on the ongoing issues and Wal-Mart's new sales limitation policy.

Wal-Mart's state-of-the art computer-based learning terminals were updated with appropriate training modules to educate cashiers to the methamphetamine issue and the importance of adhering to the corporate sales limitation policy. In addition, it was important to educate our customers about the issue and alert them to Wal-Mart's new policy. All Wal-Mart stores received signage which was posted at every register and displayed in the pharmacy area of each store.

Through online training and communication, we educated our associates about the dangers of methamphetamines and the commonly used products drug abusers utilize in the illicit manufacturing of methamphetamines. In conjunction with local law enforcement officials, our associates report suspicious and/or repetitive purchases of methamphetamine-related products. Wal-Mart technology also allows our associates to track ongoing purchases, by location, of methamphetamine precursor elements. Suspicious activity is reported to local law enforcement officials. To date, our work with the DEA and local law enforcement officials has led to more than 100 arrests of methamphetamine abusers.

Since Wal-Mart Stores, Inc. implemented this policy in 1997, our customers and community leaders have expressed overwhelming support for our initiative, understanding the potential impact the limitation policy could have in preventing clandestine methamphetamine production in their communities. We have been approached by a number of national and regional retail outlets, including Target Stores, to seek counsel in implementing similar measures. Our hope has been to encourage ALL the

nation's retailers who have the capability to do so to join Wal-Mart in this voluntary program.

Unfortunately, we realize this initiative won't solve the nation's drug problem, but we feel it is a step in the right direction in helping the DEA fight this ongoing battle.

According to former DEA Administrator Thomas A. Constantine, "Wal-Mart has proved itself a leader in corporate responsibility. At a time when the catch phrase, 'Show Me the money' resonates through the American business culture it is refreshing to work with Wal-Mart executives who pride themselves in being a good neighbor and voluntarily doing what is right".

We are proud to be a part of the DEA's ongoing battle against drug abuse and hope our efforts send a clear and definitive message that Wal-Mart Stores, Inc. will have no role, however unintentional, in the illegal drug manufacturing trade.

We commend the DEA for its ongoing commitment to make our communities a safe place to raise our families. Methamphetamine abuse is a growing issue across the country, even in our Northwest Arkansas community. Our support for the DEA and our partnership in the war against drugs is certain. Today, our hope remains the same as it did in 1997, and that is to encourage all the nation's retailers who have the capability, to join us in this voluntary program.

Thank you for the opportunity to testify on behalf of Wal-Mart Stores, Inc. At this time I will be happy to answer any questions regarding our efforts in conjunction with the sales limitation policy.

Mr. HUTCHINSON. Thank you, Mr. Hajok. And now Colonel Tom Mars.

STATEMENT OF THOMAS MARS, DIRECTOR, ARKANSAS STATE POLICE, LITTLE ROCK, AR

Mr. MARS. Mr. Chairman, members of the committee, thank you for having this opportunity and for being here. I would like to begin my testimony by saying that Arkansas is fortunate to have a very proud professional and cooperative law enforcement community at all levels, and I would like to echo the comments of the chairman in saying that the chiefs of police and the sheriffs of Arkansas are truly the front line soldiers in this particular battle. I look in this audience and see friends of mine who are working hard to fight that battle, and I also look at the Federal officers who are here and who we count as partners in this war on meth. And I'm privileged to have the opportunity to speak, by the way, on behalf of the more than 600 commissioned members of the State police but hopefully to at least some extent on behalf of the sheriffs and chiefs who are here.

Here in Arkansas the law enforcement community is facing an epidemic that is as pervasive and dangerous as anything we have ever encountered. The epidemic, of course, is meth, and it is growing like a fast spreading cancer. Not only here, but in our neighboring States to the west and to the north and throughout the United States. There are no simple or inexpensive solutions to this problem, and I echo what Mr. Hardin said a moment ago, we don't offer solutions here today, but we sure would appreciate any help that we can get.

To face this problem we believe that we'll have to combine all our available resources, not just law enforcement resources, but health care, education, parents, civic groups, and, hopefully, whatever additional help we can obtain from the Federal Government. We're very hopeful that Arkansas will be designated as a HIDTA. I'm here today to address to what extent law enforcement resources in Arkansas are affecting the manufacture and distribution of

methamphetamines here in Arkansas. And I'm afraid to say that I don't have very good news to report.

Members of the committee, we are losing the battle against this epidemic, and there's very little hope for improvement on the horizon without more resources and a strategic plan to deal with it. Meth seizures, lab seizures, have skyrocketed here in Arkansas from two labs in 1991 to 242 labs in 1997 to 554 labs in 1999. Moreover, for the last few years Federal and State law enforcement officials and prosecutors have investigated several major meth conspiracy rings that involved importation of hundreds of pounds of methamphetamine primarily originating from a Mexican organization in southern California. Federal indictments and convictions have put dozens of the participants in Federal penitentiaries, not just for meth offenses, but also for crimes like murder, contract murder.

Federal and State authorities are continuing to investigate similar type cases involving the same type of people, and further indictments are sure to come. But as Mr. Hardin said, we cannot incarcerate our way out of this problem. None of these efforts that I have mentioned appear to have even put a dent in the methamphetamine problem here in Arkansas. Importation of multi-pound quantities continues on a regular basis, and the manufacture of methamphetamine in local labs continues to be a daily occurrence, not only in rural areas but also in places like affluent western Little Rock.

Like the outlaws who roamed this country back in the days of Judge Parker, meth cooks have begun moving to the rural Ozarks in increasing numbers knowing full well that the extremely remote and rugged territory here offers them a safe refuge from law enforcement. As this type of country, it is well know, makes it very, very difficult for law enforcement to seek out, find, and deal with people in these remote locations. And against the background that I've just described, a combination of guns and methamphetamine has created an enormous and an unprecedented threat to Arkansas police officers.

Federal, State and local law enforcement officers, my colleagues, now confront armed meth cooks on a regular basis. Because this drug causes extreme paranoia, meth cooks are quick to shoot it out with police, regardless of the risks or the consequences. Just as an example of how dangerous this situation has become and to give you yet another picture behind the one that Ms. Eales has so graphically described, let me share with you very briefly an incident that occurred here last August, just 40 miles west of where we're sitting here today.

On a hot afternoon, State Police Corporal Tracy Spencer, accompanied by Madison County Chief Deputy Herb Marshall, a twice decorated Vietnam War hero, went down a road—you folks probably wouldn't call it a road. We call it a road here. You can barely get a car down it, but it qualifies as a road in Arkansas—about 10 miles to a dead end where there was a trailer house. And they went there for the purpose of contacting a gentlemen, Mr. Nevels, who was suspected of being involved in a shooting incident the previous night.

State Police Corporal Spencer and Deputy Marshall approached the trailer house, both on the same side, and determined that Mr. Nevels was inside and tried to talk him out. When he refused to come out—there were two doors on the same side of the trailer house, and Corporal Spencer opened the door and stuck his head inside just as Mr. Nevels started reaching for what appeared to be a gun. He told him to show his hands, and sure enough he did, but in his hand he had a 357 Magnum revolver. And fired at Corporal Spencer, striking him in the right arm, disabling his gun arm.

He retreated behind the police car that they had arrived in, along with Deputy Marshall, and moments later Mr. Nevels fired the 357 Magnum out the end of the trailer striking the roof of the police car. He then exited his trailer carrying a Ruger 14 assault rifle, and from a distance no greater than I am from the other panelists on the other side of the room, started firing the assault rifle at these two officers who were crouched behind the patrol vehicle, one of them seriously wounded.

Tracy Spencer probably owes his life to Deputy Herb Marshall who was recognized last year with the State Police Valor award. Deputy Marshall had the presence of mind and the courage to retrieve his own rifle from the trunk of his police car and return fire, forcing Mr. Nevels back some. Mr. Nevels fired approximately 35 rounds, at least, from that distance at the patrol car and the officers. Deputy Marshall returned fire, eventually struck Mr. Nevels, causing him to fall. At that point, again demonstrating extraordinary courage, Deputy Marshall low crawled, as he had been trained to do in Vietnam, around the end of the trailer and approached Mr. Nevels, who rose once again and tried to fire at him with yet another weapon, at which time Deputy Marshall fatally shot him.

Not surprisingly, later investigation that night revealed two methamphetamine laboratories there on the premises. And I offer that to the members of the committee as just one example, not the only example, but one example of the incredible risk that Oklahoma Highway Patrol troopers, Missouri State Troopers, Arkansas State Troopers, Sheriffs, Deputies, Chiefs of Police face here every day. Something they never faced at that level before.

We lack the manpower resources to deal with this problem, to be blunt, and we need your help. While we are doing everything we can with the resources we have, it's clear that this meth epidemic is still fast growing, and there's no sign that it's going into remission. We need stronger laws, more law enforcement resources, and a strategic plan to deal with this problem. Any advice, assistance, this committee could offer us would be very much appreciated by the people you serve. Thank you.

Mr. HUTCHINSON. Thank you for that compelling testimony. Now I recognize Mr. Ashcraft.

STATEMENT OF WILLIAM ASHCRAFT, DIRECTOR, CHEMICAL DEPENDENCY PROGRAM, PINNACLE POINTE HOSPITAL, LITTLE ROCK, AR

Mr. ASHCRAFT. Thank you, Mr. Chairman, and gentlemen of the panel, it's an honor to be here in such a fine place. I am a drug addict. I have been a drug addict for 25 years. I haven't used a

drug in about the last 10 or more years. What I do today is to help other people recover from addiction. I work in a private psychiatric hospital setting. The treatment is dictated by medical necessity. All you need to see is one tweaker, one meth monster come through that door, that's been up about 10 days, doesn't know his name, doesn't know what he's done, who they've done, or have any semblance of reality, to realize the impact that this drug has on the community. You don't always see it like I see it.

We fight each and every day for days to treat people. We have developed programs that need more days, more money, more support, more resources. Not taking away from the efforts to dispel it, but if you don't have a user, you don't have a product. And I know that's a long way from home for you guys, but please see where I see. I see these people affected as young as 10, 11, 12 years old. I treat people from companies, facilities, professional people, laborers, people of all walks of life, all sex, gender. It doesn't really seem to have any boundaries. The drug is pervasive in society.

You know, my testimony talks about how I got here, but I got here over a period of time. The face of this drug has changed. It has become more potent, it has become a primary drug of choice with addicts. They can never get enough. Never. I've never had an addict yet tell me he'd had enough. I've seen some that's had too much, but I've never seen one that's had enough yet. They'll continue to use it until the supply is exhausted. They will trade materials to the dealer to make more so they can get more. It's cheap, it's inexpensive, it's readily available.

My brother and I went to pick up his children in northeast Arkansas. My brother drinks. I think it runs in the family. But he wanted to stop and get a beer. And we stopped at a small town up there and asked one of the people where he could get a beer at, and they said, "We don't sell beer here. It's a dry county." My brother is a very resourceful young man, so he asked the Pepsi driver that drove the local Pepsi truck. He says, "Where can you get a bottle of beer at around here?"

And the Pepsi man told him, "Son, it's easier to find a meth lab than it is a bottle of beer in this county." And I believe him, because they are seemingly everywhere, in the back of cars, in closets, on the Mr. Coffee, made in a coffee pot. There's no huge amounts that it—it doesn't take that much to set it up and do it. You know, there's experts here that can talk about that.

I know what I see, and I see a community that hurts. I see families being destroyed, and I see lack of substantiated support for the treatment community and the efforts we're putting forth here in Arkansas. And I heard one thing today that I hope you all heard, when our drug czar said that you cannot incarcerate this problem away. If locking them up would solve the addiction, then let's lock them all up. But that won't do it because when they get out, guess what, they're going to use again. Treatment works. I say it works. I'm here. I'm alive today. I get to live. I'm a lucky one. I get to spend my effort, my time, and all of my soul to help the other people that need help. Thank you, sir.

[The prepared statement of Mr. Ashcraft follows:]

PREPARED STATEMENT OF WILLIAM ASHCRAFT, DIRECTOR, CHEMICAL DEPENDENCY PROGRAM, PINNACLE POINTE HOSPITAL, LITTLE ROCK, AR

I am a drug addict and alcoholic. I have not found it necessary to use a drug since January 30 1990. This is not an accident, nor a guarantee that I never will use again, but a statement, directed to this group to help enlighten, and share in a small way, my experience, before, during and after methamphetamine, cocaine, opiates and alcohol.

I began life in a small rural town in south Arkansas, my childhood was dysfunctional, my parents were divorced and married twice, and I was reared by my paternal grandparents until age five, when my father, a disabled veteran died. A woman I didn't know came to the funeral, announced she was my mother, and took me to Coos Bay Oregon. There is where my education in street life began.

The family lived in a railroad car that was attached to many others, and moved from place to place, following the section gang that worked on the tracks. I met my step-father the first night I spent there. I was afraid of the dark and he insisted the lights be turned off. I did not agree, and soon found myself beaten within an inch of my life. The first "beating" of many to follow.

My schooling was an experiment in "will", the teachers said I would, and I was determined not to. This pattern of rebellion and fierce independence was to follow me for a lifetime. Without a functional family, lots of unsupervised time, and the lack of feeling capable of being loved, I set about finding friends any where I could. This led me at the old age of six into my first experience with alcohol.

The neighborhood was poor, and I did not realize that I was any different than the poverty I lived in. I first drank "beer" with the neighborhood gangs, as they protected me when we walked to school. I graduated to shoplifting in order to "pay" my friends for there protection and was soon caught. I found the criminal justice system unsympathetic, and my mother even more distressed. I began to run away at every opportunity, and often drank wine with the "wino's" whom frequented the area we lived in.

The family moved back to a small town in south central Arkansas, where I began the task on becoming compliant with the new social order. My grandparents were enraged at the changes in my custody, and moved to have me spend summers and holidays with them. They tried to stop the abuse, but failed, as I was by this time labeled rebellious, and uncontrollable. I did my best to live up to my labels.

I went through school until age 13, when I was hit by a car, and suffered a crushed leg while riding my motor scooter home late at night. I had to work for any money I got and had taken on a paper route, and cooked at a local hamburger stand, where I occasionally "carhopped" the completed orders out for extra money. This activity gave me older friends and a chance to obtain contacts for marijuana and alcohol. The broken leg put in the hospital for almost six months, my grandfather intervened, and had the veterans administration bring an orthopedic surgeon to treat me. The leg had been "pinned" but soon set up gangrene, and had to be treated or amputated. I do not remember a lot of this as I received a shot of morphine every four hours for five months. The VA doctor saved the leg by putting me in a Navy traction where I was actually "hung" by weights and never touched the bed. This naturally called for more pain medication, and I was quick to ask for it. I was detoxed from the morphine by being tied to the bed with bed sheets, and given tapering doses of Demerol, morphine, and a placebo.

I returned home only to find the family in chaos, and my step father's drinking had increased and my mother's tolerance for him had declined. They began to fight, and of course, I had to intervene. The only problem was a short cast on my leg, and the hate the stepfather had for a now fourteen year old boy. He beat me again, beat my mother, and re-broke my leg. This time I retaliated by finding a 16 oz. soda bottle and breaking it over his head, this got him off of my mother, while he was knocked out, I tried to finish him with another bottle, but was stopped by my mother. She told me to get on my scooter and leave. I became angry, and left, broken leg and all, never to go back again. I drove fifty miles to my grandparents home and they got me medical attention once again.

I started school in a new town, with new, more enlightened friends and soon got put out of my grandparents home because of my drinking and late hours lifestyle. Having no place to go, I rented an apartment and became independent and unsupervised at the old age of fifteen years. My love life, drinking and drug use escalated. I still went to school and worked at night at a service station to make money to live on and support my growing drug addiction and drinking. Of course this lifestyle was risky, and the legal system frowned upon it, but being resourceful I went to court and got a Judge to emancipate me at the old age of sixteen. It was during this time that amphetamine, or "speed" became readily available, and I was a will-

ing participant, trying to live a life of school and normality during the day, while working and practicing my addiction at night. I make good grades and found the academics easy without much effort on my part. I guess this was not good as I became more involved in the darker aspects of the life I was leading.

I had some talent as a musician, and soon found myself in a band. This was the gateway to adult bars and clubs, and a whole new world of drugs and combinations of drugs. During this time I went to California, and wandered through the streets as best I could. I experimented with heroin, mescaline, LSD, and pain pills. Drugs were the only place I could be sure of the acceptance I sorely needed, yet later I would find that they were a lie as well. I soon ran out of friends, and found myself back in Arkansas, where no one wanted anything to do with me. I quit school and went to work, lived my own private life in the drug culture and secured sources of my supply, that would endure for many years.

I had some problems with the legal system, minor in possession, fighting in bars and clubs, going swimming in the country club pool after hours, unfortunately, some of my friends broke into the country club storehouse and got some beer, I didn't mind as I was "stoned" anyway. Of course the police were unhappy, and took us all to jail.

Although I was no stranger to legal system, I lived on the fringes of "normal" society. I got married, had children, and worked hard. I still drank and used drugs, but by this time had gotten more selective of when, who with, and where. My wife did not use or approve of my using and I found ways to deceive her, so I could get the time to indulge my addictions. I gambled, made shady deals, traded, and worked. I tried to find some sanity in an insane world of my own design. Although I had jobs as a paint and bodyman, a welder, a mechanic on cars and motorcycles, a construction worker, a hydraulics technician, a foreman in manufacturing, and a purchasing agent for a forty million dollar company, I always seemed to mess things up. I would start at the bottom, work hard to succeed, climb up through the ranks, and blow it all up with some drug connected or alcohol connected binge. I often wondered why the world was so unfriendly.

As I grew older my need for "speed" increased, my drinking increased, and my love affair with cocaine came and went. In the 1980's the pattern of failure was so entrenched that I became dependent on alcohol to relax, opiates to sleep, and the new and improved "methamphetamine" to get going. Crystal, crank, meth, and "junk" all became alternatives to diet pills and Dexedrine. I used to go to the doctors and tell them "my wife thinks I'm fat" and they would prescribe adipex, or some other stimulant, always telling me if I didn't loose weight they would discontinue the prescription. I would go to three or four physicians and get three or four prescriptions and loose weight by taking four times as much as needed. I supplemented this with opiates to sleep, benzodiazapines to level out and alcohol to excuse it all. Meth or crystal as I knew it was cheaper, easier to find, and readily available day or night. It could be "snorted" or injected and when mixed with cocaine was a potent "kicker" to and already potent drug.

During this time in life, my use had taken a tremendous toll on my health. I was injecting "crystal" and cocaine intravenously. I had endured six operations for various ailments. I had been involved in a fight. My jaw was broken in four places. I underwent eighteen plastic surgery operations on my face and head in 1984. I lost most of my teeth to methamphetamine. I developed hypertension, yet none of this slowed me down.

I got my first DWI in 1984 and my last DWI in 1989 for a total of ten. I won three and lost seven. In January of 1990, I had a car wreck, my wife left, and the only way I could get her back was to get some help. My DWI's had come on in an effort to slow the drug use, and I found alcohol safer, and less of a risk. When I received my third "third" DWI I gave up. I went to treatment on order of the court. I had no intention of maintaining sobriety or of changing my behavior.

I found something when I looked around the treatment center. Half the people I owed money to and the other half owed me money. I found myself in an abnormal environment that was in some way normal. The people were the same, but the focus was different. Some wanted help, all needed help, and a few got help. I decided that I would be one that would get help. I discovered I owed the city a tremendous amount of money for fines. The judge gave me one thousand and forty hours of community service in lieu of the fines. I thought I would be cutting grass at the local fire stations until 2015. As it turned out, the judge sentenced me to work at the treatment center for the entire one thousand and forty hours. I worked at night from midnight until eight in the morning, answering the phone and making sure everyone was in the right bed. I really didn't intend to get sober, but I had to report to work daily and couldn't take the chance of turning up dirty.

As I learned about recovery, I learned about myself. I began to see a way to help others avoid some of the same mistakes I had made. When my community service was completed, the management at the treatment center decided they would hire me. Although I really didn't want to work there, I felt I needed to. The director suggested I go back to school and learn how to help people. This was probably the best advice I'd ever received. I started back to college, worked at the treatment center and worked my regular job. I didn't give myself time to use and was too busy to think about it much. I worked for six thousand hours in the treatment center, completed two hundred and seventy hours of continuing education and tested in 1993 for my Certified Substance Abuse Counselor credentials. I completed my Bachelor of Social Work degree at the University of Arkansas in Pine Bluff later that year.

I left the treatment center to work with the University of Arkansas for Medical Sciences (UAMS) in opening a treatment program for intravenous drug users whose primary drug of choice was opiates. I worked there for a year and realized that more skill and expertise would be needed to continue helping in this profession. I was given an opportunity to go to graduate school and I did. I was selected for the Advanced Standing program at the University of Arkansas at Little Rock and obtained my Masters degree in Social Work in one year.

I worked in mental health at the local community mental health center as a primary therapist treating mental disorders and some substance abuse clients. I found myself looking to the treatment community for more than they were doing. I went back to work at the treatment center as a clinical supervisor and had more direct input into the programming and milieu that was offered.

It was during this time that I learned of the evolution of methamphetamine. It had become smokable and was available everywhere. No longer was this drug used to sustain energy, to keep people working two jobs in a maintenance fashion, but was being overtly abused by a new breed of "meth monsters". These were people who use the drug exclusively to get high. I observed and treated many Arkansans who innocently tried the drug and found the addictive potential more than they could control. The face of the drug had changed. Meth labs were common place. Chemicals were being bartered for the finished product, and people were dying from poorly manufactured poison. Most users with any length of use knew of several sources to obtain their drug. I found that many users had started manufacturing and the practice was lucrative.

I find today that the face of the addicted person hasn't changed. These are people who are predisposed by heredity or habitual behavior to behave in a manner that lends itself to an addictive lifestyle. I don't have all the answers, but I do have some suggestions. I have found that treatment does work. I discovered a better way to live life and I believe that others have found and will find the courage to change. As a result of this change, lives will be saved, families will live together and children will have a better chance at meeting life on life's terms.

Mr. HUTCHINSON. Thank you. And I appreciate all the witnesses. At this time the Chair recognizes Mr. Chabot for 5 minutes of questioning.

Mr. CHABOT. Thank you, Mr. Chairman. Mr. Cazenavette, I would like to ask you a couple of questions, or at least one to start out with here. What is the production output of methamphetamine by a small individual operator, and how is that drug typically distributed and sold using Arkansas as the example for how it typically would occur?

Mr. CAZENAVETTE. The production output of a typical lab is two to four ounces per process. And I would like my agent, Steve Lowry, here who is the resident agent in charge of Fayetteville to give you a detailed account of how they move it in this area.

Mr. CHABOT. Okay. That would be fine. Thank you.

Mr. LOWRY. Regarding the dangerous labs, they do produce ounce quantities. The lab operators are only limited to the amount of chemicals they can get ahold of. We've found routinely that once a lab operator starts manufacturing that he will continue to manufacture until he runs out of chemicals. This process even goes into a situation where he may be arrested, released on bond, and routinely, he'll go back and continue to manufacture. Regarding dis-

tribution, traditionally a lab operator will associate himself with another individual to assist him in the lab. That individual, in turn, is more of an apprentice, and during the course of events, he will, in turn, learn how to manufacture too.

Once the drug is manufactured, it's distributed, usually among a series of individuals who distribute it at the street level. Distribution amounts are at the gram level, quarter gram level, and so forth. I might add, too, that the lab operator himself is usually paranoid about individuals knowing where he's going to manufacture. Usually he's more concerned about his own customers finding out where he's manufacturing than he is with police, because he knows his own customers will rob him and possibly kill him for the drug.

Mr. CHABOT. Thank you very much. My next question I would like to address to Ms. Eales and also to Colonel Mars. And, again, as the chairman indicated before, we all want to again acknowledge the courage that it's taken for you to testify here on such a matter that's such a personal tragedy to you. And the question I'm wondering, both the incident which tragically killed your husband and the one that Colonel Mars talked about, it's a extraordinary level of violence here with the weapons that were used and the way they were used, and what I'm wondering is are the people that carry out these particular incidents and others that you're probably aware of, Colonel, are the people that are doing—that are actually violent, are they typically on meth themselves and is that one of the characteristics of this particular drug that people would be more violent than they would were they not on the drug, or is it—is there any relevance there?

Mr. MARS. Well, the answer to your question would be absolutely yes. The vast majority of these people who participate in these senseless acts of violence are themselves users. But there are cases as well where people have been involved in shootouts with police in this region where they were not using very much or using not at all.

Ms. EALES. In Rocky's situation, I failed to mention that the man who shot him had three guns on him. He had one that did not discharge or hadn't yet, in the front of his pants, and he also discharged a shotgun and an AR15 machine gun. He had drugs in his pocket. He had a meth lab in his house, and he had syringes, all the paraphernalia in the house, and he had stolen weapons in the house, a stolen vehicle. He, apparently, was going to all means to get money for it. He also had a history of violence. The reason they were going to the house for the outstanding warrant, he had missed his drug-related court date. He had a history of going out in his yard and just shooting up in the air. And from my understanding, his family was even scared of him, didn't have anything to do with him, some of them.

Mr. CHABOT. Thank you very much. And Mr. Hajok, I want to compliment Wal-Mart on its policy. I think that's a very responsible policy for you-all to carry out. And my question is, did you see, prior to taking that responsible action, did you see a lot of people out there buying these types of drugs that they could convert to methamphetamine? Did this happen fairly regularly? And, additionally, are there other dispensers of these types of drugs that you

hear about that—and you don't have to name names necessarily if you're rivals, but are there people that are—does this happen fairly regularly amongst folks that are selling this type of stuff that it ends up being used illegally.

Mr. HAJOK. Well, I guess I would have to refer to law enforcement to answer that question. Being in the retail business, we look at it from a retail standpoint as being used by the person that is using it for legal use. We sought to be a—to answer your first question, Mr. Congressman, we sought in the beginning to—when we were brought to the attention by the DEA that this is a problem right now that's happening, we felt it to be something that we needed to do that we needed to look at how we could stop the sales of this merchandise and limit those purchases at store level. I'm not sure, to answer your question, if we'd seen it to be an issue at the time, but as soon as it was brought to our attention, we immediately thought that this was the right thing to do for our customers.

Mr. CHABOT. Would any of the other law enforcement officials want to—I mean is this—do you—when you would bust a lab or somebody that's involved in this particular drug business, would you find large quantities of, I don't know, Sudafed and some of these other drugs somewhere on the premises on occasion or—

Mr. CAZENAVETTE. Absolutely. In fact some of the photographs we have in the back depict different types of pseudoephedrine, ephedrine tablets, cold medicine, what have you, yes.

Mr. CHABOT. Thank you very much. I think I've probably utilized my 5 minutes, Mr. Chairman. I appreciate it, and I yield back.

Mr. HUTCHINSON. It was well utilized, and I'll recognize myself for 5 minutes. I would like to go to Mr. Lowry. Steve, if I might get a little bit better flavor for methamphetamine in Northwest Arkansas. These 500 seizures of laboratories; are these mom and pop type where you get your precursor chemicals from some drug store or pharmacy somewhere or are you getting industrial type chemicals as precursors and are they being ordered and monitored, and is there anything that can be done from a law enforcement standpoint to tighten up the access to precursor chemicals?

Mr. LOWRY. Thank you, sir. Initially, back in the mid Eighties we did recover chemicals from industrial sources, but when we got into the early Nineties and up to today with the method called the ephedrine reduction method, we are now primarily finding chemicals being bought in local stores, such as convenience stores and so forth. Regarding how to tighten up the chemical situation, I think what Wal-Mart is doing is a great step in the right direction in that sense that they are voluntarily limiting the amount of pseudoephedrine tablets being sold over the counter, and also making a diligent effort in trying to identify individuals who may, in turn, be manufacturing or trying to manufacture and contacting law enforcement with that information.

Mr. HUTCHINSON. Let me make sure I understand. You're saying that the bulk of methamphetamine is being produced from these mom and pop labs where you can get the chemicals from pharmacies and other sources like that, rather than the industrial strength chemicals?

Mr. LOWRY. Yes, sir. The mom and pop labs are normally small type lab operations of multi ounces, and those lab situations obtain their chemicals from primarily convenience stores and so forth.

Mr. HUTCHINSON. Now, Wal-Mart, which—and the reason they're here testifying is because they've taken these extraordinary steps. Are we receiving that kind of cooperation from other stores? Obviously, we have a problem with convenience stores. I mean, is there greater monitoring that can be done there? There's obviously other sources of supply. Do we need to look at legislation or are there ways that they can cooperate?

Mr. LOWRY. We're making an effort to contact stores, convenience stores, and notify them of the type of chemicals that are used in this process. We have had some success in stores contacting us and local law enforcement regarding that. I believe that one step we need to continue to do is to make the store owners and clerks aware of what these chemicals are, which is what we're trying to do at this point.

Mr. HUTCHINSON. Thank you. And let me come over here with a question in reference to the task forces and, Bill, Mr. Hardin, you might be the one to address this. You're familiar with the old—which I guess are still in existence, the Federal Task Forces that utilize State and local law enforcement combined with DEA, the FBI, in terms of investigate major drug cases, and then you have your judicial task forces that are funded through Byrne grants, I believe, and we've had some withdrawal up in Benton County of participation in one of those programs. Are they both necessary? Are those both as effective? How would you evaluate how well they're doing on the methamphetamine problem?

Mr. HARDIN. Congressman, to address each of those issues, effectiveness, I guess we could define that by how aggressive we're being, and if we equate that to the number of methamphetamine laboratories that we're locating or the numbers of dollars that we're taking off the westbound lanes of I-40 or the quantities of methamphetamine in the eastbound lanes on I-40 and I-30, then we're being very successful.

The local drug task forces are organized along judicial district boundaries. There are 20 of those in operation now. Those men and women practice that day and night, 7 days a week, 24 hours a day. The sheer numbers are overwhelming. The cooperation here in Arkansas is outstanding. I think we have a very unique situation here where the Federal agencies, the DEA and the FBI, U.S. Customs, Immigration, all those Federal agencies work extremely well and close to and in cooperation with the State police and the local drug task force operations. I can't tell you a time when they have not responded each to the other when asked to do so.

That falls in line with my brief comments on the proposed HIDTA request for designation that Arkansas is submitting to General McCaffery. As you know, Congressmen, the OCDEF concept of local cases being adopted by the Federal agencies who have those dollars available and the Manpower through a cooperative effort. That is what we envision through the HIDTA concept, along those lines, a very cooperative, collaborative effort to address the methamphetamine problem at all levels.

Mr. HUTCHINSON. I've got a number of other questions, but I'm going to try to stick with my own time limits, and I will yield and recognize the gentleman from Tennessee, Mr. Jenkins.

Mr. JENKINS. Thank you, Mr. Chairman. Colonel Mars, I didn't catch it if you said whether there was testing done to determine if the shooter, in the example that you gave, was under the influence or if tests were done after his death to determine the level—

Mr. MARS. Yes, sir.

Mr. JENKINS [continuing]. Of drugs in his body?

Mr. MARS. Yes, sir.

Mr. JENKINS. So in that case, do you suspect he was under the influence that caused him to do that or was he protecting his lab or was it a combination of both things?

Mr. MARS. I would say it would be a combination of both, which seems to be the norm in that type of case. And his behavior, I must say I left some of the more shocking and some of the graphic details of his behavior out, but during the shooting incident, he was exposing himself directly in the line of fire from other officers, he was cursing at them, he was yelling at them and telling them that he was going to kill them. And his behavior was completely irrational by anybody's standards.

Mr. JENKINS. Do you know any of the details of the incident that led to the death of Ms. Eale's husband?

Mr. MARS. Yes, sir, I do.

Mr. JENKINS. Do you? And in that case, too, was testing done to determine if that person was under the influence?

Mr. MARS. That, sir, I don't know, but I would be very surprised if there was not. That's pretty routine.

Mr. JENKINS. Anybody on the panel know?

Ms. EALES. I don't know if testing was done, but he was—I'm not saying he wasn't on the drugs that night, but he was rational enough at the time he spoke with the officers, told him he couldn't—when he was commanded to get up after he had been shot by another tactical team member, they—one man barged in the house and told him to get up, you know, put his hands up, and he said he couldn't. And he wasn't screaming or hollering or anything. He knew exactly what he was doing. I feel like he was protecting his interest, and he had a sign on his gate, I won't say the exact words of it, but it said, "I don't care who you are, if you come on my property, I'll shoot you"—"I'll kill you." Not shoot, but "I'll kill you." And he had a few choice words, and, you know.

Mr. JENKINS. Thank you, ma'am. Thank you, Mr. Chairman.

Mr. HUTCHINSON. If I might take a moment of your time, Mr. Jenkins, I wanted to ask anyone to respond to this who desires. This is something my staff took off the Internet. It talks about the availability of meth recipes on the Internet. It refers to the secrets of methamphetamine manufacture, something called Uncle Fester's. And it's got locations that you can get the recipes. What is your view as to what this communication to teenagers, who might access it through the Internet, mean in terms of our efforts to fight methamphetamine? Colonel Mars, you want to take that one?

Mr. MARS. Thank you, Congressman. I am pleased to say that I'm joined today by a couple of our most experienced State police officers in the area of methamphetamines, and one of them is Ser-

geant Paul Curtis who's here near the front and also a person who heads up our computer crime section, and just earlier this week he shared with me that he had gotten on the computer and put some terminology, I think he just put meth in there, and I forget how many hits he got, but it was astonishing. And I think it's fair to say that a lot of us, if not most of us here, have teenage children. I have two teenage daughters, and they're more familiar with the Internet than I am, and I think that that situation that you described and Sergeant Curtis described to me is completely unacceptable, and it presents a real threat to our kids.

Mr. HUTCHINSON. Thank you. With the unanimous consent of the committee, I ask permission to attach this as a part of the record. And for everyone, it is a part of your packet, too, and gives you an illustration of what is available on the Internet. Part of the Legislation that this committee will consider looks at that type of conduct and if it's with the intent to encourage people to violate the law, then it would be a criminal offense.

[The information referred to follows:]

*A Sample of Information Available Over the Internet
Prepared by the Office of Congressman Asa Hutchinson*



http://www.psydelicbook.se/secrets_methamph.html

- Extract Pseudoephedrine from Pills
- Extract Pseudoephedrine from Ephedra
- Perform Separations & Salting On Alkaloids
- Build and Use an Electrocatalytic Hydrogenation Bottle
- Perform a Birch Reduction
- Make MDMA
- Make Glacial Acetic Acid from dilute Acetic Acid
- Reclaim HCl-saturated Toluene
- Make Iodine and Hydriodic Acid

How Do I... *Your Guide to Amphetamine Manufacture*

<http://crystalmeth.amphetamine.com/pilldops.htm>

(pushpull.txt)

Subject: Meth in 3 hours in your kitchen!
karcadia@telusplanet.net Date: 1997/09
SMUUFF MAKER SUSAN CALLIHAN SEA
<http://methurl.org/pseudo/nightchemstry/pusapull.txt>

Take 1000 of the pills, put in electric coffee grinder, and crush.....
add the powder to a large, clear, plastic jug.....
Add enough ice cold, refrigerated, distilled water, to cover the pills with a nice water layer.....
Shake the bottle back and forth, and let it settle for a few minutes.....

2) Filter out the solids (you can throw these solids away); and put the methanol extract on low heat to evaporate. (A double boiler is a good choice for this, a coffee warmer is good too.)

Here is the parts list for the plumbing fixtures needed for the fabrication of the "dwarfier machine", or "crank pot" which will be called in the future:

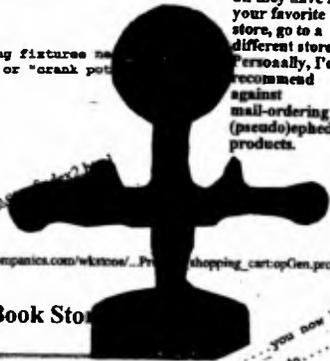
Now let's get cookin'!

Almost everything here is from eBay

- Synthesis
- Rhodium's Site - <http://rhodium.lyceum.org>
- The Hive - <http://hive.lyceum.org>
- The Villiage Idiots Meth Synth Site - <http://villagereidiot.webhome.com>

http://www.loompanics.com/wkzooz/...Pr...shopping_cart.asp?Gen.pro

Loompanics Online Book Store



There is no reason whatsoever to chase after levo-ephedrin products (mini-thins) and then deal with vile additives like guanfacin. So won't bother posting an extraction for that. If that's all they have at your favorite store, go to a different store. Personally, I'd recommend against mail-ordering (pseudo)ephed products.

The Villiage Idiots Meth Synth Site *veils.....you now* *PURE pseudo.....*

**ADVANCED TECHNIQUES OF
CLANDESTINE PSYCHEDELIC &
AMPHETAMINE**

With that, I want to thank this panel for your compelling testimony, and I call the second panel at this time. It will probably take us a couple of minutes here to reconfigure, and thank you.

[Brief recess.]

Mr. HUTCHINSON. Let me introduce into the record the testimony of individuals who have submitted their comments in writing. This will be a part of the official record of this field hearing. I would first identify the testimony of William C. Huddleston of the North Arkansas Human Services System of Batesville. I have the testimony of United States Senator Blanche Lincoln that will be introduced into the record. I have the testimony of Sheriff Andy Lee of Benton County. And that will be made a part of the record.

The testimony of Sheriff Jay Winters, Pope County, Russellville. It will be made a part of the record. The testimony of A. L. Gregory, chief of police of Siloam Springs Police. I have the testimony of Richard L. Watson, chief of police, Fayetteville, chairman of the Fourth Judicial District Drug Task Force. The testimony of Ken Jones, director, Thirteenth Judicial Task Force. The testimony of Dr. Merlin Leach who has been on the front lines of this issue, and on behalf of Children and Families of Rural Arkansas, his testimony will be a part of the record. The testimony of Jody Weiche of Drug Free Cause I Wanna Be, a concerned parent and citizen and architect of the Drug Free Cause I Wanna Be Campaign.

With unanimous consent, each of these written testimonies will be made a part of the official field hearing record.

[The prepared statement of Mr. Huddleston follows:]

PREPARED STATEMENT OF WILLIAM HUDDLESTON, CEO, NORTH ARKANSAS HUMAN SERVICE SYSTEM, INC.

INTRODUCTION:

- A. Methamphetamine is the most rapidly growing addiction in our society.
 1. It is easy to obtain because the user can make his/her own supply. 80-85% of court dockets, jails, and prisons in the State of Arkansas are dealing with drug and drug related crimes. Overcrowding in said facilities cause the early release of inmates who many times go back into society, and return to past drug and criminal behavior. It is highly addictive and the user often relapses after sobriety. It is socially acceptable among many groups.
- B. We have sought to fight this addiction with tougher laws, but we have had little success.
 1. Our jails are seriously overcrowded, largely because of the addition of these addicts.
 2. There is little indication that the enactment of tougher laws has significantly decreased the addiction. In fact, the recurrence rate is significant among addicts after discharge from incarceration.
 3. Our Nation's greatest potential asset is the involvement of *all our citizens* making a positive contribution to our society. We currently have approximately 2% of our citizens in jail. This is not only very expensive but also a terrible waste of our Nation's population. **WE MUST FIND A BETTER WAY TO DEAL WITH PROBLEMS!!**
 4. The cost estimated by drug task force and drug enforcement agencies for the breakdown, clean-up and disposal of a lab depending on size ranges from \$10,000 to \$25,000. An estimated 90% of all drug cases worked by the drug task force in the State of Arkansas are crystal methamphetamine related. An estimated 50% or higher are repeat offenders.¹

¹Marvin Poe and Mike Page. Arkansas Drug Task Force, 1st and 3rd Judicial District, for year of 1999.

5. The Office of National Drug Control Policy (ONDCP) released a revised drug control policy. in December 1999. The following are excerpts from that policy that strongly validates the necessity for national reform, recognizing substance abuse as a public health and public safety problem that requires the collective efforts of the health and justice communities working in integrated fashion. We must recognize treatment as crime control, rather, treatment is employed to reduce recidivism including substance seeking and abusing behaviors.²

C. It appears that we have only three (3) realistic choices:

1. Continue making tougher and tougher laws concerning all addictions with very specific required outcomes.
2. Establish realistic prevention programs in *all* counties.
3. Establish a realistic alternative to those who are addicted through the provision of TOUGH TREATMENT PROGRAMS which are required as an alternative to incarceration. In other words, TOUGH TREATMENT or TOUGH JAIL!!!

I will now briefly address how each of these choices would work:

I. TOUGH JAILS:

- A. Jails always have a certain degree of toughness. However, if society is going to use incarceration as an effective way to change the behavior of addicts, it must include certain activities which are aimed at behavior modification and not simply punishment. These must include the following
 1. Separation of inmates who are incarcerated because of addiction and inmates are incarcerated for other types of crimes, particularly violent crimes, is essential if the addictive personality is to experience positive results from the incarceration.
 2. There must be a regularly conducted program of behavior modification led by a qualified therapist if the addicted person is to have a chance of overcoming that addiction.
 3. The addict must have enough required work activities to keep them busy. *Boredom is a real enemy of sobriety!* Of course, such activities must be based on a person's physical and mental condition.
 4. The addict needs to be prepared to do something positive after their release. If the addict cannot experience the satisfaction of meaningful work they are likely to return to addiction after release.
 5. The length of sentencing must be realistic. The required time of service before parole must be long enough to motivate the addict to want to change but not so long as to make them negative against all society. A life sentence for addiction, unless there are other crimes involved, is self-defeating for the addict and for society.
- B. Follow-up of the addict after release from jail is essential and should be required in any law dealing with this subject! There are treatment programs all over the nation that can deal effectively with the addict in follow-up programs if the legal system is required to refer the addict, see that referral are kept and make it plain to the addict that if they drop out of treatment they will be subject to reincarceration. (The treatment programs to which I refer are the community mental health centers, the substance abuse prevention centers and the community physical health centers. All of these must be involved because the addict needs comprehensive treatment.)
- C. Also cost effectiveness needs to be recognized. The estimated cost to house an inmate in a county jail ranges from \$473. 00 a day not including transportation costs to much higher when housed in an Arkansas State Facility. Compared to the cost of rehabilitation in a non-secure treatment center at \$75.00-\$125.00 a day including detoxification The difference is apparent.

II. PREVENTION OF ADDICTION:

- A. The safest and most inexpensive way to overcome addiction is to prevent it from ever occurring. However, this is much easier to say than to do. Real prevention

²Office of National Drug Control Policy at the National Assembly, December 1999 Revised Drug Control Policy.

is an ongoing battle and must encompass all of society. The essential elements which compose prevention are as follows:

1. A wide-range educational effort to motivate the entire American public not to use addictive drugs unless it is required for medical treatment. This effort should include at least the following:
 - a. All mass media (TV, Radio, Newspapers, Magazines, Billboards, SAetc.)
 - b. Religious Organizations
 - c. Civic Clubs. Schools (Public and Private).
 - d. Public meetings
 - e. Business for their employees and their customers and their advertising Internet, etc.
 2. All public schools in America should be required to have a class on drug abuse prevention in every session of said schools (semester, quarter, etc.). This should be required of all students from Kindergarten through College. Such classes should include lectures, open discussions, play-acting (kindergarten, etc.) and videos. Such an undertaking would be expensive but not as expensive as what drug abuse is costing the nation. Also, while it may not be possible to include all private schools in such an undertaking, they should be strongly urged to undertake such activities.
 3. The highest percentage of first time use of drugs or alcohol in the state of Arkansas occurs prior to 13 years of age, a staggering 50.03%. Between the ages of 14 and 15 the average is 6.71% for first time use and between the ages of 16 and 17 it is 5.89%.³ By the time age 18 years is reached many have been using almost half of their life. At this time rehabilitation becomes habitation.
- B. The efforts of law enforcement agencies must be strengthened with trained personnel who can increase the current efforts to find the sources of drugs, particularly Methamphetamine, and eradicate them. These efforts must be supported by courts which are willing to give a choice to the addict and a heavy fine and imprisonment to the pusher. The choice for the addict should be by law: **TOUGH TREATMENT** or **TOUGH JAIL!!!**

III. TOUGH TREATMENT:

- A. If said Tough Treatment is to work then several basic points' must be required for all persons who choose this alternative. These are:
 1. The treatment must be *long enough to insure that true Behavior Modification can take place*. It is suggested that the addict must be committed for one year (12 months) for Intensive Treatment and one year (12 months) for ongoing follow-up Counseling by a qualified counselor. If possible, the addicts will pay a part of the cost for services that they receive.
 2. The treatment must be of a comprehensive nature and must include:
 - a. **STABILIZATION**. The purpose of this element is to make certain that the addict's body has been cleared of the drug being abused and that the physical condition of the addict is able to undergo intensive treatment. Depending on the condition of the addict this "Detoxification" may be one of two (2) types. They are:
 - (1) Medical Detox
 - (2) Observation Detox
 - b. **REHABILITATION**. The purpose of this element is to make certain that the addict comes to grips with the cause of their addiction and is motivated to overcome that addiction. This element of Treatment will include:
 - (1) Intensive individual counseling.
 - (2) Classes dealing with addiction and how to overcome it.
 - (3) Intensive group therapy sessions with other recovering addicts.

³Walter Hathaway and Sonny Ferguson, Arkansas Bureau of Alcohol and Drug Abuse Prevention, Graphic Report 1999.

c. **REINTERGRATION.** The purpose of this element is to make certain that the recovering addict has the support system in place to assure that once they are on their own they can resist lapsing into addiction. This element of treatment will include:

- (1) *Involvement of significant others* (family, friends, etc.) in group counseling with the addict to reestablish social support, if possible.
 - (2) *Preparation for meaningful work.* This may include such elementary studies as how to read/write and how to become computer literate. It will also involve how to determine what kind of work will be satisfying to the addict. It will also include studies in how to secure and hold a job.
 - (3) *Preparation for adequate housing.* This element will include training in the basic requirements of independent living (cleaning, shopping, managing money, etc.) It will also include training in how to secure affordable housing. Staff will assist the addict in this activity.
3. Ongoing Follow-up Counseling will require the addict to receive Out-patient Counseling from a Qualified Counselor. Assuming that progress is being made this counseling will be weekly for three (3) months, every other week for three (3) months, quarterly for six (6) months. This schedule can be changed by the Counselor as the progress or lack thereof takes place.
 4. A large percentage of clients have less than a high school education. Following through with GED classes and computer literacy skills can allow for more efficiency and a higher percentage of job placement. Bridges Over America,⁴ a Florida based program who initiate legislation entitled "The Community Partnership Act" which was instituted in 1991 has had immense success with their program. The Florida Department of Corrections will be awarded the highest award presented by the American Corrections Association for their innovativeness, and effectiveness in integrating rehabilitation into their justice system.⁵ A system that includes long term rehabilitation, and a step by step process of reintegrating the addict back into society. Through court orders a continuum of care is established that provides half way houses with 24 hour supervision and intense case management. Employment of the participant is an absolute requirement. Earnings are placed in a trust fund that allows payment of restitution fees, housing costs and provides a savings. Therefore when the participant is released back into society they have education, behavioral skills, a job and initial living expenses. They are a tax paying citizen rather than a drain on the system resources.
- B. Following release from treatment a comprehensive report will be made by those providing treatment to the court allowing the addict to choose TOUGH TREATMENT. The court can then release the addict, order them back into treatment or, if there have been serious violations of the intent of TOUGH TREATMENT, order them to jail.

CONCLUSION:

- A. The plan herein presented is aimed at rehabilitating the addict if possible. It is based on the assumption that all American citizens, even addicts, are an important part of this nation and, therefore, are worth the extra effort to make them use citizens, if possible.
- B. This program will require a great deal of effort and, thereby, will increase costs to the judicial system and to the health care system. However, these costs will not equal the staggering costs facing the nation if we continue to build more and more jails/prisons and assume the up-keep of addicts while they are incarcerated. According to excerpts from the (O.N.D.C.P.) revised Drug Reform Policy, December 1999, the following is concluded: Treatment is not solely, or even primarily a service for the benefit of substance disordered offenders, although offenders clearly benefit with the acceptance of personal accountability. Public safety, public health, and the public purse

⁴ Lori Constantio-Brown, of Bridges over America, President and Adviser to Pilot Programs for the State of California, Texas, and Louisiana.

⁵ Richard Nimer, Florida Department of Corrections Program Director.

are the primary beneficiaries of treatment for this population. All suffer when treatment is unavailable, withheld or poorly delivered.⁶

[The prepared statement of Senator Lincoln follows:]

PREPARED STATEMENT OF HON. BLANCHE LINCOLN, A U.S. SENATOR FROM THE STATE OF ARKANSAS

"The growing prevalence of methamphetamine trafficking and use in communities throughout Arkansas is alarming. Last year, Arkansas ranked first among all states in the number of illegal methamphetamine labs per person. According to the Bureau of Drug and Alcohol Abuse Prevention, the number of moth addicts admitted to state-funded drug treatment facilities in Arkansas has increased over 50 percent since 1997. This is a serious problem that must be addressed and like to thank Congressmen Hutchinson for convening this field hearing,

"Addiction to methamphetamine is especially powerful to overcome and very difficult to treat. Unfortunately, this drug is relatively inexpensive to manufacture, which makes it appealing to drug traffickers and easier for users to feed their habit.

"I applaud the work of law enforcement officials in Arkansas who are fighting day and night to combat this—zoning problem. Last year, 554 moth labs were seized in our state and many seizures have already occurred this year. Unfortunately, state & local police officials can't win this battle alone?

"Last year, I contacted General Barry McCaffrey, Director of the Office of National Drug Control Policy, to request his assistance. I believe the federal government must be a partner with local officials and continue to encourage collaboration among agencies for education, public health, law enforcement and public safety that are most affected by methamphetamine. In addition, we must continue to promote prevention and education about the dangers of meth and other drugs in our nations schools to stop the problem before it begins. We cannot expect our children to learn in an environment where they are confronted with crime and drugs in their schoolyards.

"I'm committed to continuing to work with our communities law enforcement agencies, and my colleagues in the Congress on this critically important issue."

[The statements referred to follow:]

OFFICE OF THE SHERIFF,
Bentonville, AR, February 23, 2000.

Hon. ASA HUTCHINSON,
Committee on the Judiciary,
House of Representatives, Washington, DC.

REPRESENTATIVE HUTCHINSON: Thank you for taking the time to bring home to your district these congressional hearings on drugs and the problems that drugs bring not just to our community but to the society of the United States. I know you are having this hearing on what to do about the problem of methamphetamine. As you listen to my testimony you may think I am here to talk about our kids, not drugs, but remember that drugs and our kids go hand-in-hand. Drugs alone are not the problem any more than a gun is the problem in a shooting. All too often in this country, we want to punish the prop and not the actor by thinking that it is not the fault of the man who pulled the trigger but the fault of the gun for having a trigger to pull. Drugs are not the real problem in our society, it is the one who makes and deals the drugs that is the problem.

This past weekend, I watched a show on TV that focused on teens and drugs. The program followed several teens in the United States who were addicted to drugs, subsequently arrested, and then followed up with the children after they were released from jail to see how they adjusted to the "free" world. Every one of these teens went back to the very same streets they were arrested from and started using drugs again. The program portrayed a young girl selling herself for money; another was a young boy who stands on a street corner offering sexual favors to men also for money. They do this to have money to buy the drugs. The show went on to interview these children in their "home" setting. The young boy who sells himself to other men had a live-in girlfriend. While discussing their relationship, I noticed the girlfriend did not have a shirt on and was wearing only her bra. You could plainly see a large area of her shoulders and chest and couldn't help but notice the large

⁶Office of National Drug Control Policy at the National Assembly, December 1999, Revised Drug Control Policy.

body sores that are, most likely, caused from her drug use. These sores were not only on her but were also apparent on the arms of the boy.

As I follow the program, they present a 16-year old boy living on the streets. He also sells himself to men to earn money for drugs. This boy, at the tender age of 16, has become infected with the HIV virus and later develops Aids. When we are first introduced to this boy, he appeared healthy. He is friendly and allows himself to be interviewed. Then one day he could not be found. So they moved on to other children of the street when the 16-year-old boy reappears. This time he is much different, he looks like walking death. He is very thin, has a large sore on the right cheek of his face, and wears the same clothes he had on previously. Only this time the clothes cannot stay on his thin, hail frame because of the vast amount of weight he has lost. Now, when the filming crew tries to interview him, he refused. No one knows where he disappeared to or if he is getting the help he needs for his failing health. While watching this program I soon came to realize that there were three common denominators with these children:

- 1) they came from broken homes;
- 2) they were all on drugs and;
- 3) there is no place for these children to turn for help, except to each other.

I found myself looking at these children and, without a thought, I realized that I was thanking God that none of these young children were any of mine. What a selfish prayer. The children on our streets are my children and they are also yours. The reason those children are where they are today, living in the environment they are in, dying of social diseases that we allowing to be passed along to them, is because we just simply do not do things correctly in this country.

All of you are here in an effort to try to find a solution to the problem of drugs. This may sound a little old fashioned, but why are we trying to invent a new wheel? Why not use the wheels that are already in place: the wheels of our justice system? The only problem with our justice system today is that the wheels turn too slowly. Too often, when we think of our justice system, the only thing that comes to mind is the courts. Although I wouldn't mind expressing my opinion of our American courts today, I know this is not the reason you are here. However, the courts, along with two other important parts of the justice system, has a dramatic effect on our drug problem in this country. Our legislative branch of government creates the laws and controls the purse strings and has forgotten the reason why government exists in the first place: to protect our citizens and their property. Nothing else. On a national level, our government is given the public mandate to create a military to protect us from foreign invasion. On a domestic level, our government is charged with the duty to create federal, state, and local law enforcement agencies to protect our citizens from Americans who choose to turn on their fellow American.

So you ask how do we get a grip on the drug problem? The answer to that question is pretty simple. All it takes is money and making the justice system what it used to be. Give us the manpower, training, and equipment we need to do the job and the job will get done. Once this has been accomplished, we need your help to get the politics out of the justice system and go back to the premise that justice is blind. Our Judges need to get back to doing what they are elected to do and that is judge, not legislate. And, legislators need to do what they are elected to do which is to legislate not judge. In my opinion, the reason we have a drug problem in this country is because there is no fear of our judicial branch of government. Drug dealers and drug users are not afraid of our courts. On the same token, they are not afraid of our legislators, and most certainly, they are not afraid, whatsoever, of the prison system as it stands today. Why is there no fear? Because we are so wrapped-up with ways to reduce our jail and prison population that we spend more money dealing with recidivism then we would if we would simply go back to the days of putting people in prison and making them aware that everything you do has a consequence. The courts need to get back to the reputation that if you break the law and can not make bail, you stay in jail. If you are convicted and become a ward of the state then you learn how to break rocks not how to study law. As legislators, you need to look into how much the criminal justice system is manipulated by criminals. They have been convicted for acts of crime against fellow Americans, Americans who are our neighbors. Legislators need to author laws that will stop the frivolous abuse of our justice system. Take the money we save and start saving the souls of our youth who, by the way, will become the next generation of adult criminals if not successfully dealt with in the juvenile system.

My wife said it best, "It seems to me if the criminal justice system would put half the effort to defend the rights of the victims as it does to defend the rights of those who commit the crime, we could go a long way in rehabilitating our criminal prob-

lems." Think about that for a minute. It is time we let it be known that in this society we are going to protect ourselves from predators and drug dealers are predators. Once again let's make it scary to even think about committing a crime. Let's punish the drug dealers in this country and soon to follow will be the disappearance of the drug users.

When you go back to Washington, look up Senator Patrick Moynihan regarding the study he did in the early seventies on the youth of our country. Unfortunately it zeros-in on blacks so when the report came out, he was instantly labeled a racist so he pulled the study and stuck it on a shelf. One thing that sticks out in my mind from this study is the fact that by the year 205, we will have the largest population of youths then in any other time in the history of our country. Of this generation, will be the largest group of homeless children, ever, who will be aimlessly roaming the streets. As we have seen from Past experiences, these children will also turn to drugs and they will find a way to support their habits until their habit abandons them. This means that these children will be out there without adult supervision. They will be without a family structure, as we know it. They will be without constructive leadership, support and guidance. They will not learn the basic needs of life. Who will teach them ethics and morals? As in the past, all of this will lead to one thing: more violence from our youth than we could ever dream of. Why, Because we did not do what needed to be done *when* it needed to be done. **WE FAILED TO PUNISH THOSE WHO CHOOSE TO MAKE AND DEAL THE DRUGS.** We have done this unconsciously by 1) letting the justice system go easy on those who choose to make and deal drugs; and, 2) thinking that it was always someone else's problem we did not want to get involved because it did not involve us. That very thinking is what brings us here today. The time to get involved is not when the social problems are knocking at your back door—and let me warn, you I can hear the foot steps on the back porch.

To many, it appears that I am a little barbaric when dealing with those who find themselves on the inside of the justice system. What you do not see is that I really want to reach out and help. Someone much wiser than I once said, "If you give a man a fish you have fed him for a day, if you teach a man to fish you have fed him for life." I believe in rehabilitation at the right time in life. The time to rehabilitate is not after a man has committed a violent crime due to his drug dealings or use. We need to get his attention first. Unfortunately, that usually does not come until after punishment. You need to make sure the justice system fulfills the punishment that was recommended without all the "good time" early releases and parole that we do in this country. Once a criminal has paid his dues, if he is a willing soul, we should help. But more importantly, we need to get to the problem on the front side before it reaches the punishment level, which is where we intervene with the children. This little corner of the world, like so many other places, needs to take off the blinders and look at the youth that want to be found. These kids are not going to make themselves known. The last thing they are going to do is trust the very ones who let them down to start with.

So, as you can see, I believe drugs are not the problem. *The lack of punishment, REAL punishment in this country, is the problem.* If you see to it that we get what it takes to do our job and make sure the justice system follows through with their responsibilities, you will soon see the dealers off the streets. Once they are gone, as I said, the users will follow. Then as the little ones surface, we need to make sure there is a social mentoring support system in place that will pick up and carry-on where these children were last left.

Respectfully,

ANDY LEE, Benton County Sheriff.

POPE COUNTY SHERIFF'S DEPARTMENT,
Russellville, AR, February 24, 2000.

Hon. ASA. HUTCHINSON,
United States Federal Building,
Fayetteville, AR.

DEAR CONGRESSMAN HUTCHINSON: Thank you for taking the time to read this letter. Thank you also for taking the time to address this very important issue. In my opinion, methamphetamines and their use and abuse is the worst problem that I have delt with in my twenty five (25) years as an enforcement officer.

Manufacture of Meth used to be a lengthy process and quite noticeable! Now manufacturing is quick using common cookware and ingredients, and can be easily moved from one location to the next to avoid detection. Meth can easily be attributed to the rise in violent crime. Users become paranoid, causing them to suspect

even their own families, often causing them to hurt family members. Users and manufacturers also rob and steal to get money for meth or for the products to produce meth.

The answer to this problem has got to be a three-fold approach and results will NOT happen over night. It took us over a while to get o this point and it will take a while to get back straight.

1. Prevention programs starting in primary schools and continuing even to college.
2. Treatment for users who are so hooked they cannot get off without help. I have even seen what appears to be typical mothers and housewives who have traded sex to maintain their uncontrollable meth problems. These people don't need to fill jails and prisons. They need help that sometimes is all too costly.
3. Strict enforcement for dealers and manufacturers. A pound of meth can be lought in California for 4K to 5K and sold in Arkansas for 10K to 12K. These people that are manufacturing these amounts of meth should be treated as harshly as the manufacturers. They are distributing to the same people.

I could go on, however, I think you can see my point. I would ask that Congress continue to support law enforcement by continuing to fund us through grants and even fund a COPS meth grant or funds to be distributed to agencies criteria to hire additional officers to be used specifically for the detention and apprehension of meth dealers and manufactures.

Thank you again for your time, and, if you have any questions of I can address any of these points throughly, please don't hesitate to contact me.

Sincerely,

JAY WINTERS, *Pope County Sheriff.*

SILOAM SPRINGS POLICE DEPARTMENT,
Siloam Springs, AR, February 22, 2000.

Hon. ASA HUTCHINSON,
*United States Federal Building
Fayetteville, AR.*

DEAR ASA: We appreciate this opportunity to share with you our particular concerns with the ever-growing methamphetamine problem in Siloam Springs and the surrounding area.

As you know, Siloam Springs is located on the Arkansas and Oklahoma state line. Unlike communities along the Highway 71 corridor, our community is geographically isolated from neighboring communities in the county and state. We must depend on our own initiative, resources, and abilities to consistently serve and protect our citizens from criminal activity.

Since 1997, we have seen a significant increase in methamphetamine production, trafficking, and use. We have been directly and indirectly involved with lab seizures in our community and in the state of Oklahoma. The labs vary in size from producing ounces to the potential of producing pounds. From 1996 through 1998, most of the methamphetamine was brought into our area from California and Mexico by El Salvadorian and Mexican gangs. By 1999, local drug dealers had expanded their enterprise of trafficking to manufacturing. Currently, the majority of methamphetamine production and trafficking in our area is controlled by local dealers in Arkansas and Oklahoma.

It is imperative that law enforcement in Northwest Arkansas continue to receive federal funding in order to enhance existing equipment, and purchase new equipment, receive training, and hire personnel as needed. We must devise a better method of monitoring the acquisition of the ingredients used to manufacture methamphetamine. We must also consider collectively utilizing drug courts for first-time offenders. This would relieve the overwhelming impact that methamphetamine arrests are having on the circuit court and the prosecuting attorney's office.

As you know, the problem with amphetamine, as with any other crime, is a total community problem. It will take a total national, state and community effort to deal with it effectively. Your interest and concern is recognized and appreciated by those of us in law enforcement.

Thank you for inviting us, and I will attend the hearing on February 25 in Springdale. If we can provide any assistance to you or your staff, please let me know.

Sincerely,

A.L. GREGORY, *Chief of Police.*

FOURTH JUDICIAL DISTRICT
DRUG TASK FORCE,
Fayetteville, AR, February 23, 2000.

Hon. ASA HUTCHINSON,
*United States Federal Building,
Fayetteville, AR.*

DEAR CONGRESSMAN HUTCHINSON: Thank you for the invitation to the U.S. House Judiciary Committee hearing. We are appreciative of your efforts to assist law enforcement with the methamphetamine epidemic we are now battling. The following information should give you insight pertaining to the methamphetamine problem as experienced here in the Fourth Judicial District; a district comprised of 166,787 people, covering both Washington and Madison counties:

1. During the past five years law enforcement agencies in our area have been experiencing an ever increasing amount of methamphetamine being distributed. This phenomenon has occurred in direct correlation with increased arrests of Hispanic drug offenders. This method of distribution involves Hispanic connections in both California and Mexico. The Fourth Judicial District Drug Task Force is responsible for making the largest single methamphetamine seizure in the Western District of Arkansas. Due to the large quantities of methamphetamine in our area, we have seen a significant decrease in the purchase price. However, since our focus has changed to target high level distributors, we are no longer able to purchase methamphetamine in small quantities. This has caused our budgeted purchase of evidence funds to become depleted at an accelerated rate.
2. A couple of years ago we would have argued that methamphetamine labs were not a significant means of obtaining the drug in our area. This has changed dramatically which changed our approach to enforcement. We realized our training in dealing with labs was inadequate and there was not enough manpower to go around. Within the last year members of the Fourth Judicial District Drug Task Force have received extensive training enabling them to safely deal with active labs. However, the manpower issue has not been adequately addressed. It seems the monies that are available are there to enhance existing operations by way of overtime expenditures, buy money and civilian support staff. Although these are critical issues, we feel in order to have an impact on manufacturing and distribution in our area additional officers are needed.

With the dramatic increase in methamphetamine labs, which are manpower intensive to investigate, we are not able to adequately investigate the trafficking of the "Mexican Meth". We are in dire need of additional funding for more police personnel so we can direct our efforts sufficiently at both problem areas. Finally, the following statistics are provided to better illustrate the increases described above:

Year	Amount in Grams	Labs
1995	807.51	0
1999	6,883.97	25 (Represents 10 months of grant period.)

In closing, we're all in agreement that the methamphetamine problem is at epidemic proportions; however, we are still combating the trafficking of cocaine, "crack" cocaine and marijuana everyday. This brings us back to our basic need and that is more law enforcement to investigate these crimes.

Thank you for your efforts in combating this problem we all share. If I can be of further assistance, please contact me at (501) 587-3500.

Sincerely,

RICHARD L. WATSON, *Chief of Police.*

THIRTEENTH JUDICIAL DISTRICT
DRUG TASK FORCE,
Camden, AR, February 22, 2000.

Hon. ASA HUTCHINSON,
United States Federal Building,
Fayetteville, AR.

Re: U.S. House of Representatives Judiciary Committee Field Hearing—Springdale, February 25, 2000

DEAR CONGRESSMAN HUTCHINSON: In reference to your letter on February 15, 2000 inviting me to attend the Field Hearing by the Judiciary Committee, I only received your invitation today. Due to a conflict in my schedule I will be unable to attend. However, I would like to relay my feelings on the problem that the committee is studying.

In 1998 I became the Director of the Thirteenth Judicial District Drug Task Force of Arkansas. Since my appointment I have seen a dramatic increase in the number of Inethamphetamine distribution and cases in this judicial district. Last year, alone the Thirteenth Judicial Drag Task Force of Arkansas discovered and made cases on sixteen different crystal methamphetamine labs in this six county district of south Arkansas.

This was an all time record number of manufacturing operations discovered in this district involving the drug crystal methamphetamine.

One of our biggest problems is the manufacture and sell of this illegal drug in this area is outgrowing the resources that we have to combat the problem.

As you may be aware the Drug Task Forces in Arkansas are funded by large with federal grant money. Over the past few years our job of combating illegal drugs has grown but our funding that provides us with manpower, operating capital and other expenses has not.

We have made great strides in the war on illegal drugs in south Arkansas but I feel we need to do more on the front line defense of the illegal substance., that being with local law enforcement. The drug crystal methamphetamine is not one that is being transported across our federal borders, it is one that is being manufactured in our neighborhoods throughout this country and more per capita in Arkansas.

So that you may get a good understanding of what type of law enforcement man power is being provided to combat this problem, the Drug Task Force only has four Full-time investigators assigned to cover the six counties of the Thirteenth Judicial District of Arkansas. In addition, the Arkansas State Police has only one investigator assigned full time to combating illegal drugs in this area. To my knowledge there are no Federal Drug Enforcement Officials covering anyplace in south Arkansas. Not saying that when we call them they do not respond and they always are very helpful.

We can fight cocaine and marijuana at our countries borders we can not fight crystal Methamphetamine, we have to fight it here in our back yard and we need more help doing it.

The main reason for Arkansas being one of the highest numbers per capita in the seizures of labs is that the natural term is rural. The rural areas also make it difficult for small rural law enforcement agencies to detect.

In addition, attacking this growing problem can take place in other areas as well. One is to place stricter laws regulating the availability of certain chemicals and substances used in the manufacturing process of the illegal drug. For example, when a person goes to a local retailer and purchases twenty boxes of pseudoephedrine, a sinus medication, it is obvious that the person is making this purchase for a bigger reason than a severe sinus problem. Stronger restrictions and guidelines should be placed on retailers by legislation, with strong penalties if violated.

Lastly, there needs to be more funds available for education and rehabilitation. This would help teach people young and old the great dangers of using this drug and developing an addiction. In turn, the already existing problem of the growing number of persons that have developed a life long crippling addiction to this drug should be treated with long-term intensive rehabilitation and educational resource efforts by the government and private rehab sector alike.

Once I asked a man who I was transporting to a rehab center, because of his severe drug addiction "What can this country do to stop this problem?," The man had just returned from Costa Rico where he had developed an addiction to cocaine. The man told me that cocaine was openly sold on the street corners in Costa Rico but the native people do not use it, they sell it to tourists. He went on to tell me the key is to educate and rehabilitate the people of America.

In Costa Rico they start at a very young age teaching their children that drugs are bad, do not use them. Then for the native people who fall to such addictions there are great emphasis placed on rehabilitation efforts by the government.

These rehabilitation programs are not some thirty-day run through the mill, collect government fund type programs. They are long term, intense, effective programs.

The three keys to combating the methamphetamine problem in this state and country are:

- (1) Strong laws and penalties with resources to enforce
- (2) Education and prevention
- (3) Effective rehabilitation

If our government wants to attack the big picture in reference to crime they must first reduce the sell, distribution and use of illegal drugs. At that point, YOU win. See the big drop in crime itself. This is due to my belief that, a large majority of crimes committed in this country are a direct or indirect result of illegal drug sells and abuse.

I hope my letter has assisted you in understanding our problems with combating the illegal drug crystal methamphetamine in South Arkansas.

I applaud your efforts and if I can be of any assistance do not hesitate to contact me.

Sincerely,

KEN JONES, *Director.*

PREPARED STATEMENT OF MERLIN D. LEACH, ON BEHALF OF CHILDREN AND FAMILIES OF RURAL ARKANSAS

EXECUTIVE SUMMARY AND RECOMMENDATIONS

It has been clearly documented that Methamphetamine production, use and trafficking in Arkansas has reached epidemic proportions. It affects all sectors of society. Law enforcement, corrections, local jails, rehabilitation programs, the courts, hospitals, schools and children and family services. Systems are at a bursting point plagued by demand for services while the taxpayer burden reaches the limit of ability to pay for this exceptional demand.

One has to only look as far as the Federal Drug Enforcement Programs to realize that a singular point approach to the problem is both excessively costly and a failure. Although we sincerely believe that law enforcement and the entire criminal justice system needs additional support, by itself it can not and does not address the total problem.

The origin of the problem lies deep within the societal fabric itself and can not be eliminated via a single approach methodology. The solutions must come from a multidisciplinary approach with cooperation and collaboration between law enforcement, schools, private non profits and other public institutions. The lack of government credibility further exacerbates the problem when the headlines read where a

member of law enforcement or other government official is indicted for drug related activities.

Further, there must be enhanced multidisciplinary studies and approaches to prevention. The bottom line, single pointed approaches, although great for headlines and short term positive numbers have not proven effective over the long term. Arkansas and the rest of the country will not see permanent solutions to the supply of these illegal activities until the demand is eliminated.

RECOMMENDATIONS

1. Commission a multidisciplinary study.
 - A. Assess the overall impact to the citizens of Arkansas, on local and state law enforcement, the courts, corrections and jails, public education, health care delivery systems, child abuse and domestic violence and the environment.
 - B. This study should clearly define the comprehensive problem. Additionally, it should make recommendations for both systemic solutions as well as how to encourage public involvement in the solutions.
2. Enact legislation with mandatory sentencing for convictions of drug related violations by members of law enforcement, public employees and elected officials.
3. Create multidisciplinary drug task forces.

GENERAL COMMENTS

In 1991 retired from private practice in Los Angeles to semi-retire in rural Northwest Arkansas, form a small non profit organization and build a retreat center for children and families struck down physically, emotionally and spiritually by what I consider the greatest disease of man, Cancer.

Within months of my arrival I was contacted by the then Circuit-Chancery Judge presiding over the Juvenile Courts in Benton and Carroll Counties, the Honorable Terry Crabtree, now Justice Crabtree of the Court of Appeals. He had heard of my work with KABC Television and various organizations in Southern California in the areas of Child Abuse and Neglect.

What he told me was shocking and completely opposite of my impression of this peaceful, drug free, crime free, pro children and families utopia. Child Abuse and Neglect cases were increasing at the rate of 25% per year, thousands of kids were in the system, broken families, drugs were prevalent down to the middle schools and poverty was the common denominator, lack of education, parenting and general life skills were deficient to say the least and our State was under a consent decree, Angela "R": v. Clinton which demonstrated the State agreed it did a poor job of caring for and protecting our most helpless victims . . . abused and neglected children.

The Merlin Foundation changed its mission to victim assistance to assisting victims of child abuse, rape and domestic violence working mainly in Carroll and assisting where needed with the Juvenile Court in Benton County. We formed a CASA Court Appointed Special Advocate unit, a child abuse multidisciplinary team which was approved by the Department of Human Services and the Arkansas Commission on Child Abuse, Domestic Violence and Rape.

Today, we provide assistance to children victims in seven counties, own a battered woman's shelter, are in a seven county multi-organization domestic violence/child abuse consortium with shelter for children, rape victims and homeless children and are under construction on a new \$600,000 Children's Advocacy Center with a community distance learning component.

The above may not seem like much for those on the committee from large urban areas, but one must realize in this area where there is not a United Way, personal income levels are far below the federal standards for poverty and what few major companies who operate here are head quartered in larger metropolitan areas which receive a larger "bang for the buck" donating there.

In short providing any services in these poor rural areas is difficult at best to finance. Ms. Heatherly, the Executive Director of the Children's Center has worked for two years without financial compensation and I have done for now eight years.

Over the past three legislative sessions and since being appointed by Governor Huckabee to the Commission on Child Abuse, Domestic Violence and Rape I have been afforded the opportunity to see a different perspective of the Meth problem than I had just working with the rural victims and poor of this part of our state. It is easy to recognize agency directors such as Col. Mars of the State Police, Mr. Knickreim of DHS, Mr. Hardin and Governor Huckabee are all dedicated and sincere about correcting this mammoth problem facing our citizens.

Which brings me to what I believe to be one of the most serious blocks to solving this problem. Through out our countries history few major problems have not been

fully resolved without the support of the general public. With drugs, particularly one such as Meth, which can be the source of considerable revenue for a hard working poor rural couple seeing all the others have on daily television and wanting to get those things for their families it will take a major change at the level of the individual to correct the problem via public cooperation.

This coupled with the current distrust by the average citizen of members of "the system" makes cooperative resolution almost impossible. Just today, February 23rd., in the Northwest Section of our Democrat Gazette there are stories of the following:

1. Benton County prosecutor will not file charges against his former mistress;
2. Tommy Venters, former director of the Department of Education pleads guilty in public corruption trial. State Senators also indicted.

One does not have to go very far back in the archives of the same paper to read of a prosecutor convicted of Drug charges, DEA agent arrested, school test scores being manipulated and many public officials becoming very wealthy while drawing official salaries at or near the poverty level. For that matter major sports and entertainment figures arrested on drug and assault charges only to get probation when his cousin got 10 years for possession of "Pot".

I believe far and away the vast majority of public officials and law enforcement are honest and sincere, but the fact remains, public opinion in the rural areas which I travel, places them in much the same category and trust as the average American holds the IRS. They feel economically and opportunity cheated by the "System". Unfortunately this is categorically, to them, the same system asking for their help in eliminating the problem.

This is further exacerbated, in the rural isolated family by the lack of general police protection. Police and Sheriffs departments in these areas are under funded, under equipped and under staffed. They can not adequately protect someone who goes to them with information.

In my own experience, while constructing my home in a remote part of the county noticed what appeared to be drug activity. I mentioned this to a couple of the men working with me and was quickly informed of two things. One, "if you turn this in they, (meaning the dealers) will know who did it and nothing will happen to them" and two "they will bum you out the first time you leave the place." I assure you a very sobering experience for a pioneer recently from the big city.

This brings me to my first two recommendations above:

I do not believe we can have a hundred or even more non unified studies from separate disciplines, law, education, public health, members of the faith community, prevention and treatment and get an accurate picture of the depth of the problem. It must bring in the isolated, the poor, and a combined effort of all the disciplines in a single unified study to get to the core issues and co-causative factors as well as how they interrelate.

My second recommendation is proper here also. Legislation must be passed imposing severe penalties on any elected official, law enforcement officer or public employee convicted of drug related charges. I can not imagine how it must feel for the spouse and children of a dedicated police officer wounded or killed in the line of duty knowing that someone in the system may have been on the take and tipped off the lab or dealer.

Over a decade ago people working in the child abuse field realized the problem was far to complex for social workers and law enforcement working independently to properly attack the problem. Over time and with the support of the CAPTA Act child abuse multidisciplinary teams developed bringing, together at one table all the areas of expertise needed to address the total picture. Law enforcement, medical, human and family services, prosecution, public health and others with expertise in the field. Each case is carefully analyzed "in total" from first report to final dissolution. As might be expected turf issues are still a problem today, questions of security and suspicions of each other sometimes emerge, however, the system slowly opened and meaningful advances have been made. In Arkansas this was taken a step further when DHS contracted with the Arkansas State Police to form a cooperative highly specialized unit called the Family Protection Unit. Working closely with state monitored, CAPTA funded multidisciplinary teams and under the leadership of Col. Mars and Capt. Doug Williams this unit and the teams have proven to be highly effective in both apprehension, prosecution, protection of the victims and providing meaningful social services.

I feel that to address the public confidence issue as well as to more effectively treat the problem drug task forces must convert to this same more holistic approach. This model, now nationwide has an excellent track record of linking community, various disciplines and victim services to, in many cases a permanent resolution within the family unit. This multidiscipline approach has also been very effective

tive in the area of domestic violence as well although not fully developed statewide as are the child abuse units.

Our present Drug Task Forces, although in my opinion, highly effective which is evidenced by our current overcrowding crisis in corrections stops one step short of being comprehensive enough to act as an effective long term solution to this comprehensive problem. I feel strongly in the short range Arkansas needs more federal support of existing Drug Task Forces, however we must use these highly specialized units as building blocks to a more comprehensive long range solution.

SPECIAL ISSUES FOR DRUG ENDANGERED CHILDREN

Environments in which drug and alcohol abuse flourish are not those in which children flourish. Add to this a mix of toxic chemicals, high risk of fire and explosion, along with the impaired judgment of those under the influence of meth, and the alarming picture of child endangerment reaches greater clarity.

Children living where methamphetamine is being produced are particularly susceptible to toxic hazards found in such clandestine "labs." They are endangered because of their physiologic processes, i.e., rates of growth, metabolism, respiration, and development and, consequently, are more affected by the chemicals in use than are adults. Childhood behaviors enhance the level of endangerment because of hand to mouth contact, as well as increased contact with the environment. In many instances, very young children are likely to drink the poisonous liquids that are a part of the drug's production, because they are stored in real food containers. Often stored alongside their toys or hidden under their beds are chemicals and compounds that can spark devastation. One key ingredient, hydriodic acid, can cause instantaneous third-degree burns and destroy lung tissues if inhaled. When overheated, red phosphorous, another production ingredient, burns and may turn into phosphine gas, an agent which is capable of causing coma and death. So real are these dangers that recent data estimates that one in every six labs catches fire before it's discovered. In many cases, children who live in homes producing meth test positive for the drug. Other findings include respiratory difficulties, neglect, and physical and sexual abuse. Although long-term follow up of these children is just beginning, many children found in such settings will require counseling and additional support due to such abuse and to frequent truancy, exposure to chaotic and criminal environments, and witnessing domestic and other forms of violence.

With methamphetamine now ranking as the leading illegal drug of abuse in many states, its manufacture for sale and/or personal use is endangering more children and youth. Because of the ease of access to needed chemicals used to produce meth, and the potential for high profit margins, persons addicted to the drug frequently graduate from being users to being manufacturers. In this progression, parents and caregivers become addicts who nurture their habits, rather than their children. For these parents, welfare of their children is overshadowed by their enslavement to the drug.

It is clear that an increasing and present danger exists. The need for comprehensive, collaborative, multi-disciplinary approach to substance abuse and child maltreatment must be recognized and supported. Collaborative efforts must minimally include law enforcement, prosecutors, child welfare personnel, medical, public and mental health service providers, and others. Ensuring effective collaboration among such entities is a way forward in effectively addressing and preventing the endangerment and maltreatment of children in such families as noted above, and to protect such maltreated children from further harm.

CREDENTIALS

Dr. Merlin D. Leach

Chairman of the Merlin Foundation

A private non profit organization providing assistance to victims of Child Abuse, Domestic Violence and Rape since 1992 in Carroll County and with collaborative agreements six adjacent counties of Northwest Arkansas. Providing Domestic Violence Shelters, Children's Advocacy Center and rape crisis services.

Chairman, Center for Children and Public Policy

Chairman, Carroll County "TEA" Coalition.

Welfare to Work reform program.

Chairman, Arkansas Commission on Children Rape and Domestic Violence.

I sincerely appreciate the opportunity to provide this testimony to your Committee. It is my sincere hope that together with public forums such as this with every-

one expressing opinion a plan can be made to solve this insidious problem which is destroying the lives of our citizens.

PREPARED STATEMENT OF JODY WEICHE, CREATOR OF DRUG FREE CAUSE I WANNA BE

There's no magic word, the right "abracadabra" or the appropriate "hocus-pocus" that can turn bad into good, loss into gain, or failure into success. However, awareness helps.

I know we are on the same "page" concerning the rising drug use in Arkansas. I've got an idea! It can raise the awareness level and at the same time, give our children a reason to be drug free . . . cause they "wanna be."

There is no question that our youth today face a stream of threats. So many temptations and negative influences are pressuring our teens. They need a reason.

The slogan, "Drug Free Cause I Wanna Be", empowers and provides an open-ended choice. It's pro-active and tuirrors an attitude teens today can vision. This slogan is geared towards teens, and young adults ages 12-25. The older slogan, "Just Say No", is both negative and targets the younger group, elementary ages. It's easier For teens to withstand peer-pressure when they have their own positive reason. One such reason illustrates my point exactly . . . "I'm drug free cause I wanna be on the football team next year".

Outside threats such as alcohol, drugs, school violence, and peer-pressure cause great concern for parents. Those are the exact reasons "Drug Free Cause I Wanna Be" began.

As a parent of a then junior high student, cocaine was found on school property. This caused quiet a media splash and prompted my actions I had three choices . . . 1) pass it off-and concede to defeat, 2) run and enroll my daughter into a private school, or 3) become pro-active and take a stand. I choose the later of the three.

Drug Free Cause I Wanna Be took on a life all its own. I collected and secured over \$13,000 of goods and services from other business, friends and personal money to launch this campaign. Creation of the logo, distributions of pledges, ink pens and label stickers into each school. A presence of a web-site (www.causeiwannabe.com), several billboards, TV ads, and a musical jingle helped to round out the campaign. The goal was simple; drug activity was not acceptable. The co-efforts between parents, local business leaders, and the community remained firm. Each imprinted item was a constant reminder that decisions are made by choices.

It worked! The message was there, but my funds and extra time was not. The dream never died. I wrote letters to national leaders, spoke with large companies for donated Products. I envisioned a statewide and finally a national campaign. With your help this can happen. Congress is powerful, my budget small. Drug Free Cause I Wanna Be can be instrumental reaching the youth of today.

This campaign will help heighten the awareness. Giving our teens both choices and a reason to be drug free—cause they "wanna be."

Respectfully submitted,

JODY WEICHE.

Encl. Supporting materials

DJH



Pledge

My name is _____ I go to **DARRY JUNIOR HIGH SCHOOL** in Fort Smith, Arkansas. I would like to go to a school without drugs, alcohol, cigarettes and peer pressure. I would also like to learn without being interrupted by the problems of drugs and alcohol.

Since I wanna be drug free, I agree to.

1. Not use drugs, alcohol, or cigarettes.
2. I will not accept the use or sale of drugs in my school.
3. I will help in anyway to make **DARRY** a safe, drug-free school for everyone.

If you understand the above, please sign this

STUDENT SIGNATURE

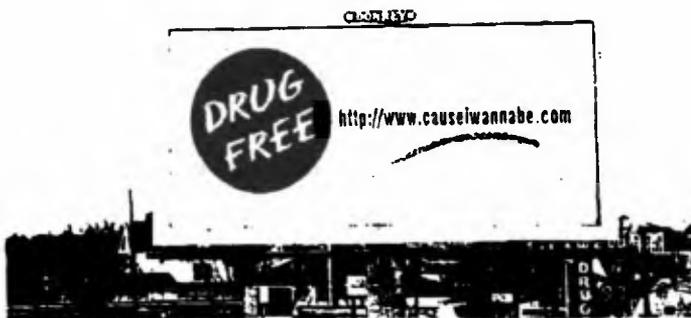
DATE

HOMEROOM



LABEL STICKER/BUTTONS

101 NO. 10TH STREET, SUITE G-1 • FORT SMITH, ARKANSAS 72901-2763
501-782-7177
www.causeiwannabe.com



BILLBOARD PHOTO

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DRUG FREE CAUSE I WANNA BE

It starts as Just One Voice
 Sounding out that I will make a Choice
 It hardly seems to make a sound
 'Till other voices start to come around

It starts as Just One Dream
 A quest to find a strength as yet unseen
 And soon the voices make it known
 A declaration that My Life's My Own

(Chorus) I'm Drug Free Cause I Wanna Be
 I want a life to live and not to live in slavery
 I'm Drug Free Cause I Wanna Be
 I can Choose, I can Choose, and I Choose to be free.

This is the original song written to music which will support radio & tv commercials, and any other supporting advertising.

Mr. HUTCHINSON. Now I would like to welcome our second panel of witnesses.

This panel reflects a great variety of experiences and perspectives on the methamphetamine problem. Our first witness on this panel is Special Agent Mike Smith who for the past 5 years has been a supervisory special agent for the FBI's Little Rock Division where he also serves as the FBI's coordinator for the division's Statewide drug program. Agent Smith has been an FBI agent since

1983, and during his tenure spent three and a half years investigating South American narcotic organizations. Prior to joining the FBI he practiced law for 4 years and served as a deputy sheriff in Kansas.

Our second witness is Mr. Tim Keck, an Arkansas native who serves as chief of police in Rogers, Arkansas and coordinator for the 19th Judicial District Drug Task Force. Chief Keck is a charter member of Hostage Negotiators of America. He holds internationally recognized certifications as a tactics and personal safety instructor and serves as a consultant, lecturer, and instructor for numerous agencies at the State and local level.

Our third witness is Ms. Cindy McCoy. Ms. McCoy was a methamphetamine user for 15 years but has now been drug-free for almost 5 years and has a remarkable story to tell. Upon deciding to change her life, she sought treatment but was told that the waiting list for a particular facility was 6 months long. Instead of waiting, Ms. McCoy went through detoxification on her own with only a good friend at her side. She is now a regular member of the Fayetteville Narcotics Anonymous group and is an active participant in the annual Red Ribbon Celebration. Ms. McCoy is the mother of a 13-year-old daughter, an 11-year-old son and currently serves as the maintenance coordinator of her apartment complex.

Our fourth witness is Mr. James Clark, executive director of the Arkansas Crime Lab. Mr. Clark is also a member of the State Drug and Alcohol Coordinating Council, and a member of the Governor's cabinet. Mr. Clark graduated from Arkansas A&M College with a degree in business.

Our fifth witness is Ms. Jean Sackman, a substance abuse prevention worker since 1995. Ms. Sackman helped write the 1998 Drug Free Communities program. Additionally she is a region two prevention resource center coordinator for the North Arkansas Drug Awareness and Prevention Council. Ms. Sackman received her Bachelors in Education in 1994 from the University of Arkansas at Fayetteville, and before that served our country for 3 years in the Army and 4 years in the Army Reserves. She resides in Harrison and has two children.

Our sixth and final witness is Mr. Larry Counts, executive director of Decision Point, a community agency committed to providing a full range of drug and alcohol treatment services to residents of Northwest Arkansas. Mr. Counts is a licensed Master of Social Worker and a certified alcohol and drug counselor who has worked in the treatment field of substance related disorders since 1989. He earned his bachelor of Arts and his masters from the University of Arkansas in Little Rock.

Again, I want to thank our witnesses and remind the audience that if we can complete this in a timely fashion, we'll have, hopefully, some comments from the audience at that time. And so at this time I would recognize Mr. Smith. The last panel did great, and I hope you all will stick with your 5 minute time frame.

So with that, Mr. Smith, you may proceed with your testimony.

STATEMENT OF MICHAEL L. SMITH, SUPERVISORY SPECIAL AGENT, FEDERAL BUREAU OF INVESTIGATION, LITTLE ROCK, AR

Mr. SMITH. Thank you, Congressman Hutchinson. Congressmen and members of the committee, I'm pleased to be here to represent the FBI today. And as indicated earlier, I have been with the FBI for some 16 years now, eight of which I have spent in the Little Rock office, and most of that time working drug cases and/or supervising drug investigations.

And while I have the opportunity, I want to second some of the things that some of the other individuals said earlier. Because of the limited amount of resources that all of us have, I have seen in this State the very best working relationship among various agencies to do a coordinated effort to work against drugs. We very effectively use the Organized Crime Drug Enforcement Task Force Concept to take on our major cases. And without being able to do that, we simply would not have been able to accomplish anything close to what we have.

What I wanted to point out as it relates to both my written statement and a few things I'll say here today, while I understand this hearing is related primarily to methamphetamine, I want to present an overview of the problems from a slightly different perspective. And in my written statement I gave an overview of the level of drug trafficking investigated by us and our OCDETF partners in the State of Arkansas to include not only methamphetamine examples but also cocaine and marijuana. And I've done that for two reasons, because I feel like these three drugs are the three primary drug threats to the State of Arkansas, but, secondly, and perhaps more importantly, because we in the FBI believe that there are significant parallels in the trafficking patterns that we're now seeing with methamphetamine as to those with both cocaine and marijuana.

It's been our experience that once a sufficient appetite for a particular drug has been developed that ultimately there begins to be formed organizational structures to supply that particular drug demand. And we have begun to see that with methamphetamine emerge in the same way that we saw it occur with cocaine and marijuana. We believe that's what has happened and is happening in Arkansas today.

The other point that I would like to make in relation to this and these organizational structures is that while I would not diminish the seriousness of the threat that's being posed by the manufacturing of methamphetamine in clandestine labs, nor would I diminish the need to address that particular problem locally, I would propose and suggest to you that you consider that a far greater threat exists to this State and to other area States as well in these formations of criminal enterprises and criminal organizations that are equipping themselves to supply methamphetamine and the other drugs in massive quantities—not the ounce and couple of ounce quantities that we're seeing in the lab seizures.

What I'm saying is that with methamphetamine, similar to what we've observed in cocaine and marijuana investigations, we are now beginning to see with great significance in methamphetamine

cases, and that is the introduction of huge amounts of drugs from outside this State by organized trafficking groups.

First, I would indicate that that is coming from the southwest border States and Mexico. And the most significant sources of the supply are coming here by that mechanism. Secondly, the organized groups are doing a couple of things: One is Arkansas residents are going to California or other southwestern border States, hooking up with the organizations in those locations, and bringing back significant quantities. That's one way it's happening. The other way that we're observing it happening is some of these organizations are now placing their associates in the State, who then supply Arkansas traffickers within the State.

These groups are able to supply more in one delivery than probably what is seized in all the clandestine labs in the State in a single year. We have information that suggests that in particular, some of the groups have been receiving as high as 20 pounds of methamphetamine a week from California. With this development of the organizational structures has come violence, violence by these different organizations to enforce their own drug activities, payment of debts owed to them, violence over turf battles.

We've seen in some of the examples that I cited and some of the other State cases we work with methamphetamine where there has been violence to witnesses. We had one case that we worked jointly where that one of the witnesses who was to testify against one of the co-conspirators was gunned down in front of his children the day before he was to testify.

We saw another where that one of the individuals associated with the meth traffickers, because she knew too much was killed. Her body has never been found. But the co-conspirators involved were ultimately convicted for her death as well as their methamphetamine trafficking.

We have also seen an additional level of violence in the community. One very sad case that we worked in Little Rock in conjunction with Saline County and the Arkansas State Police was the kidnapping of a 3-year-old girl that occurred overnight from a bedroom of her home. The man took her into the woods, raped her, and we later learned—we managed with a group to rescue her, but we later learned that he had taken meth before the acts occurred and that he intended to kill her, had he not been caught at the time that he was caught.

Additionally, you have heard the testimony about the violence against law enforcement officers. The State police discussed this. Just last week in the City of Little Rock, a Little Rock police officer on patrol was driving down Baseline Road, saw a vehicle with no tail lights, stopped it. The guy ran into the woods through a park, and as he was running dropped a package of methamphetamine. When she got back to where he was, a struggle ensued, he pulled a .25 caliber semi-automatic from his waist line, snapped the trigger twice. Fortunately, there was not a bullet in the chamber. But that's the level of violence you're seeing with these people. That person, I understand, has connections to Mexican trafficking organizations back in California.

Mr. HUTCHINSON. Mr. Smith, we'll have some more time when we get to the questions, and maybe we can elaborate on some of

that, but if you could, if you want to make one more point, and then we need to move on.

Mr. SMITH. Sure. And, basically, what we're seeing is Mexican drug traffic organizations taking these over. They're becoming poly-drug organizations. A lot of them sell both cocaine and marijuana as well as methamphetamine. Essentially, we need a lot more resources.

Mr. HUTCHINSON. Thank you.

[The prepared statement of Mr. Smith follows:]

PREPARED STATEMENT OF MICHAEL L. SMITH, SUPERVISORY SPECIAL AGENT, FBI,
LITTLE ROCK, AR

Congressman Hutchinson, Members of the Subcommittee: It is my pleasure to appear before you to discuss the extent of the drug problem in Arkansas today, and in particular, emerging trends. In order to provide an understanding of my perspective of drug trafficking in the state of Arkansas, I would like to share with you a little of my background. I am currently a Supervisory Special Agent of the FBI, assigned to the Little Rock Division, where I have responsibility for overseeing an organized crime/drug squad and where I also am the FBI's coordinator for the drug program throughout the Division, which encompasses the entire state of Arkansas. I have held this position for almost 5 years, and have been assigned to Little Rock Division since December, 1991, having worked most of my time in Arkansas investigating drug matters prior to my being promoted to my current position. I have been employed by the FBI since October, 1983, and completed assignments in Atlanta, Georgia, and New York, New York, in addition to my assignment in Little Rock. During my tenure in New York, I was assigned to investigate Colombian/South American cocaine traffickers for 3 1/2 years, and subsequently was assigned to the New York Office's Legal Unit, specializing in civil asset forfeiture cases, mostly related to drug trafficking. Prior to my joining the FBI, I practiced law for four years and earlier was a deputy sheriff in Kansas.

COCAINE TRAFFICKING

I recall as I was about to be transferred to Little Rock in late 1991, joking with friends in New York that I would likely not see a kilogram of cocaine nor a substantial quantity of any other illegal drug again in my career while I was assigned in Arkansas. While I said this partly in jest at that time, I fully expected to return to the Arkansas where I had been reared in the 1960s, and where the strongest drug used by anyone I knew at the time was alcohol. Sadly, I quickly learned that my vision of Arkansas was a vision of the past and that drug trafficking and the use of illegal drugs had reached epidemic proportions and was on the increase, with crack cocaine the apparent drug of choice. Within four months of arriving in Little Rock, I had opened an investigation which would evolve into a major investigation of cocaine trafficking, would involve undercover efforts, drug purchases by both an undercover officer and cooperating witnesses, multiple wiretap installations as the investigation developed targets more highly placed in the conspiracy, and approximately 15 months after my investigation began, would result in the seizure or 25 kilograms of cocaine in Little Rock in May, 1993.

Ultimately, some 29 individuals were arrested and convicted as a part of that investigation, here in Arkansas, as well as in the Eastern District of Virginia and the Central District of California. The distributors in Arkansas were receiving as much as twenty-five to forty kilograms of cocaine per shipment, and during the sixty-five day period of the final wiretap surveillance conducted during the investigation, they received a total of eighty-six kilograms, to include the twenty-five kilograms which were seized. That investigation, a multi-agency Organized Crime Drug Enforcement Task Force (OCDETF) effort, revealed that the cocaine was being shipped to Little Rock from Los Angeles, California, after individuals there took delivery from a Mexican importer. In Little Rock, the local market was being supplied by one of the co-conspirators, who also had on occasion, supplied traffickers in Chicago, Illinois, and who was at the time of his arrest, making plans to begin supplying traffickers in Detroit, Michigan. Other members of the conspiracy had also delivered cocaine to Newport News, Virginia, on a regular basis. Ultimately, not only the local distributor and co-conspirators in Little Rock were charged and convicted, but also the suppliers in Los Angeles and their direct supplier, who was supplied by the Mexican importer.

For an abbreviated period of time subsequent to that investigation, the supply of cocaine to Arkansas was interrupted and was in short supply locally. However, other groups and other peripheral members of that cocaine conspiracy stepped in and began to fill the void. Investigations by the Safe Streets Task Force (a joint law enforcement initiative in Little Rock headed by the FBI) into gang activity and gang related drug trafficking have since resulted in other drug distribution organizations being dismantled or disrupted, and investigations by my squad and other agents assigned to the Little Rock Division, as well as our partners in OCADETF investigations, have identified and brought to prosecution several other significant cocaine trafficking organizations, with other investigations still ongoing.

One of those joint investigations revealed that the principal target in Little Rock, who had been receiving cocaine from California, had negotiated with individuals in Dallas, Texas, to begin receiving twenty-five to fifty kilogram shipments of cocaine on a monthly basis. Those individuals had made arrangements for direct shipment of the cocaine from Mexico to Little Rock, rather than by more routine methods, because of the size of the shipments. Other investigations have revealed significant interstate cocaine trafficking patterns with sources of supply in Texas (Houston, McAllen, Laredo, San Antonio, and Dallas) and in California (primarily in the Los Angeles area). During 1999, in another joint investigation, 12 kilograms of cocaine destined for North Little Rock were seized from an over-the-road truck driver, who according to information learned during the investigation, was making weekly deliveries to the area, misusing his position as a driver.

Despite our having targeted significant trafficking groups, both inside and outside of the state of Arkansas, and having done so almost always in conjunction with local, state and other federal law enforcement agencies through OCADETF cases, it is my opinion that cocaine trafficking in the state of Arkansas has not significantly decreased, if it has decreased at all, in the more than eight years in which I have been assigned to the Little Rock Division.

MARIJUANA TRAFFICKING

During my first few years of assignment to Little Rock, my focus investigatively was almost entirely related to cocaine/crack cocaine trafficking. Shortly after assuming my current position as Supervisory Special Agent in April, 1995, I was quickly confronted with information and case investigations revealing that a significant demand for imported marijuana existed within the state, and still continues unabated to this day. The El Paso, Texas, office of the FBI called me to advise that a cooperating witness had been asked to make a delivery of approximately 684 pounds of marijuana to an unspecified location in Arkansas. The El Paso Division requested our assistance in making a controlled delivery in order to determine where the marijuana was destined. We, state and local officers conducted surveillance of the transaction. The entire load went to a local drug trafficker operating in Saline County, Arkansas, for distribution in the state. This individual had been arrested twice before by local authorities for smaller amounts of drugs, and had either been unsuccessfully prosecuted or had served no significant jail time. As a part of the controlled delivery, the cooperating witness delivered the load of marijuana to two Mexican-American individuals who had traveled by separate vehicle to Little Rock from El Paso to accept the marijuana before delivering it to the trafficker in Saline County. They too were arrested.

Within days, the FBI and other agencies were once again involved in a marijuana delivery. This delivery involved 50 pounds of marijuana by a trafficker residing in Saline County, who had invested his profits in an emu ranch. While arranging to deliver the 50 pounds to the cooperating witness, he was negotiating with the witness to make a subsequent 150 pound delivery for which he was to immediately make a return trip to Texas upon completing the 50 pound transaction. This dealer was arrested by us and local law enforcement officers during the delivery of the 50 pounds. Subsequent investigation revealed that he had obtained the marijuana near San Antonio, Texas, and that his suppliers operated in Laredo, Texas, and across the border into Mexico.

More recently, we were involved in an OCADETF investigation of an individual who resided in Beebe, Arkansas, and who ran what appeared to be a legitimate antique and classic car business. This individual was involved in the community, sponsored a little league baseball team and ran anti-drug advertisements on a local radio station. As a part of his business, he routinely hauled vehicles around the country on car haulers and used this "apparently" legitimate activity to disguise his marijuana trafficking. During the course of our investigation, separate and apart from our efforts, he was arrested in El Paso, Texas, with 1,800 pounds of marijuana concealed aboard his car hauler. He was ultimately prosecuted and convicted on money

laundering offenses and his assets and real estate holdings seized. He readily admitted that the assets of his business were acquired as a result of his drug trafficking, which resulted in them being forfeited. Included in the forfeiture were 29 antique and classic vehicles. This individual's trafficking activities involved not only distribution in Arkansas, but several other states as well.

Another investigative matter involved the controlled delivery of a small amount of marijuana from southern Arizona to Little Rock. That investigation revealed that a previously convicted drug dealer was utilizing underlings to accept and distribute marijuana for him while he received the profits from directing the business. His source of supply was Mexican traffickers in Arizona and had involved shipments of hundreds of pounds of marijuana.

An investigation in Hot Springs, Arkansas, which did not involve prosecution in Arkansas because of a separate arrest and federal prosecution in another district of the targeted individual subsequent to a traffic stop, developed evidence that a drug distribution network had been dealing in hundreds of pounds per month in Arkansas with sources of supply primarily in Arizona, but also in Texas.

Additionally, the FBI has information regarding current trafficking patterns and trends which suggests that groups distributing hundreds of pounds of marijuana a month in Arkansas have ties to Mexican trafficking organizations operating in and around McAllen, Texas, and Laredo, Texas. We also have reason to believe that associates and co-conspirators of these groups are involved in multiple kilogram cocaine distribution, with some possibly involved locally in the production of methamphetamine as well.

After being exposed to these investigations for several years now, it is my belief that the appetite for marijuana in Arkansas is substantial, that it far outstrips the ability of local producers of marijuana to supply the market, so much so that the primary sources of marijuana delivered in Arkansas today are Mexican suppliers operating along and across the Southwest Border Region, particularly Texas.

Methamphetamine Trafficking

Perhaps, however, of greatest concern today is the growing threat of methamphetamine trafficking in Arkansas. In the mid-1990s we worked two OCDETF cases involving the supply and distribution of methamphetamine. One of those cases involved a drug distribution group operating in White County, Arkansas, whose leader was obtaining methamphetamine most likely manufactured locally in clandestine laboratories. A young woman aware of his activities was reportedly murdered because of her knowledge of his drug trafficking and her body was never found. Ultimately he and his co-conspirators were charged and convicted with drug trafficking offenses and with her murder.

The other OCDETF case concerned a group operating in Conway County, Arkansas which distributed methamphetamine in Arkansas and Mississippi and whose source of supply was located in California. The principal distributor in Arkansas was receiving up to five pounds of methamphetamine at a time. That group was responsible for the murder of a witness in the presence of his children the day before he was to testify against one of the co-conspirators in a state proceeding. Additionally, after the arrest of the leader of the conspiracy, he plotted to have hacksaw blades smuggled to him in jail to aid in an escape attempt, negotiated with an undercover officer to arrange a jailbreak and to intimidate witnesses, and paid the undercover officer \$250,000.00 in an attempt to further those efforts. Ultimately he and others were convicted for their respective roles in the conspiracy. Included among the co-conspirators and acting as money launderers for the organization were the sheriff of Conway County and a prominent local attorney.

Beginning in about 1995 to 1996, there was a steady increase in the seizure of clandestine methamphetamine laboratories in the state, with Arkansas quickly becoming third in the nation for the number of clandestine methamphetamine lab seizures per year for several years, until last year (1999), when the state ranked number one in the nation. This trend clearly demonstrates the growing demand for methamphetamine in the state, and has provided extremely fertile ground for exploitation by serious methamphetamine trafficking organizations who are capable of producing and distributing more and higher potency methamphetamine than that produced in-state. As the demand has risen, so has trafficking by and with Mexican methamphetamine producers operating in Southwest Border Region states, particularly California.

An OCDETF investigation by agents in Hot Springs was one of the first to highlight this trend and resulted in the arrests and convictions of approximately 50 individuals, some on state charges and others on federal charges, who were responsible for distributing methamphetamine in the Hot Springs area, and whose sources of supply were located in California and Texas.

Information available to the FBI suggests that organizations currently exist which supply methamphetamine to a significant number of counties in Central Arkansas and involve Mexican organizations operating in California, with members and associates of the organizations dispersed in several western states. We believe that regular multiple pound shipments of methamphetamine originate from out of state, with large amounts coming from the San Joaquin Valley area of Central California, as well as from the Los Angeles and San Diego areas. Information suggests that as much as twenty pounds of methamphetamine per week may have been involved, intended for distribution in Arkansas. We also have reason to believe that violence has occurred.

Observations in Conclusion

Methamphetamine consumption is undoubtedly the most significant emerging problem in the state of Arkansas. The number of clandestine laboratory seizures clearly demonstrates the demand for the drug. Despite the clear threat presented by clandestine production, an even far greater threat is presented by the large scale distribution in Arkansas of methamphetamine produced by Mexican organizations, both in Mexico and California. The potential for violence associated with the use and distribution of methamphetamine is far greater than with any other drug consumed in Arkansas today, to include crack cocaine. Methamphetamine is by far the most addictive drug in widespread use in the state today and has the most detrimental health effects of any drug in use in the state.

Notwithstanding the foregoing, both cocaine and marijuana continue to be a serious threat to the state of Arkansas, and it appears that Mexican traffickers along the Southwest Border Region are becoming multi-drug distributors, supplying whatever drugs their clientele demands. Thus, it would appear that the greatest threat overall is the presence of large scale drug distribution organizations marketing to individuals in Arkansas or establishing their own presence and/or networks in the state in an effort to corner the market.

Thus, it is my opinion that the only successful manner in which to combat this present and emerging threat is to do what we have done well already in this state, but to do it in a much larger fashion. That is, we must continue and expand our coordinated law enforcement efforts in multi-agency and multi-jurisdictional task force working groups, to include OCDETF investigations and other drug task force relationships. We must consolidate efforts, pool intelligence, and conduct long-term, organizational and/or criminal enterprise investigations in order to dismantle and disrupt organizations operating inside Arkansas, but not just in Arkansas. We must not limit our efforts to Arkansas. Rather we must reach out beyond the borders of this state to wherever these violators may be operating, and destroy whole organizations. However, to accomplish that objective requires tremendous resources. To address this problem properly requires that we commit more personnel, both federally and locally, to the effort. It will also require additional equipment, training and funding for covert operations.

I thank you for the opportunity to address this issue with you and for your attention. I will be happy to answer any additional questions you might have.

Mr. HUTCHINSON. Mr. Keck.

STATEMENT OF TIM KECK, CHIEF OF POLICE, ROGERS, AR

Mr. KECK. Thank you, Congressman Hutchinson and fellow representatives for conducting a hearing to learn about the scourge of methamphetamine from people who know. The production, import, sale, and use of methamphetamine in Northwest Arkansas has reached epidemic proportions. Its use and abuse crosses all socio and economic boundaries and seems virtually unaffected by race, creed, or color.

In our community, methamphetamine has been a huge drain on our resources. It endangers law enforcement officers and the public, increases the crime rate and engenders violence. My department alone has four investigators assigned full-time to drug investigations. We have four more officers who assist them part-time and, of course, every day patrol traffic and canine officers are involved in street level drug interdiction.

We can't forget about the education and prevention aspects of what we do. We've got three officers assigned full-time to the schools teaching drug resistance programs and intervening in drug use against students.

My four officers have logged 1,800 hours of overtime in the last year or so because of the work load in the county. In 1997 we began an investigation that turned out to be one of the largest in the State in regard to methamphetamines. It was dubbed Operation Daycare because several of the drug dealers made a habit of bringing their children along during the drug transactions.

After receiving OCDETF status, it was the first time that Title 3 wiring steps were used in the Western District of this State. Agencies such as the State Police, the Drug Enforcement Administration, Immigration and Naturalization Service, FBI, and the Fourth DTF all pooled their resources to try to make a dent in the methamphetamine trade. We were successful arresting eight dealers in two separate sweeps. The price is always paid, though for a success like that. We spent well over a hundred thousand dollars purchasing illegal drugs which exhausted our drug fund the first couple of months of the investigation. If it hadn't been for the State Police and DEA stepping in, we would never have been able to conduct it. Salary and overtime costs soared out of control, and long hours of surveillance took their toll on undercover officers and their families.

That became necessary because we began to see such a huge increase in the presence of methamphetamine in our area. In the early, middle part of the last decade local cooks in clan labs were supplying most of the meth we found on the street. However, the changing demographic in the form of Hispanic immigration altered the face of our county's drug trade. Over a 3-year period our investigators saw the average amount of a single undercover purchase increase from two and a half grams to over 23 and a half grams, an 840 percent increase in 3 years.

Currently, the methamphetamine production as we've heard earlier, has returned with a vengeance. But we believe, echoing Mr. Smith's statements that most of the drug finds its way to our area by automobile, airplane, mail and parcel delivery from California, Texas and Mexico. With a national southern border that's virtually imaginary and feeding a new regional airport and greatly improved road system, we don't think that trend is going to change. Local police officers find themselves in danger while trying to serve search and arrest warrants because dealers are always so well-armed with hand guns, assault rifles and illegally modified weapons.

In addition, they fortify their homes with reinforced doors, surveillance cameras and bobby traps designed to injure officers and warn criminals of their presence. The crank addict, as we've already learned, can suffer from severe paranoia, and that becomes a very volatile situation when the ever present firearm is included. Labs pose a great risk to both officers and the public. Dangerous chemicals used create noxious odors, toxic fumes, and an explosive environment within the lab itself.

We've seen many instances tragically where children are present in the same room when the criminals are cooking the dope. And, obviously, they, as well as officers, neighbors, and passers by all

suffer a great risk of death by inhalation, fire, or explosion. Many experts believe the crime rate is directly tied to drug use, and I have to agree with that. We've seen rates of burglary, theft, and robbery increase substantially as meth use is increased. That's a result of users trying to feed a habit whose costs far outweighs their income. Methamphetamine engenders violence. Manufacturers and importers are drawn to this drug by the lure of easy money. Dealers are similarly attracted or forced to sell their product to support their habit.

Have I hit 5 minutes already? Thank you. Obviously, the point is, we're out of cops and money, and we need the help.

[The prepared statement of Mr. Keck follows:]

PREPARED STATEMENT OF TIM KECK, CHIEF OF POLICE, ROGERS, AR

My name is Tim Keck and I am the Chief of Police in Rogers, Arkansas. I also serve as the coordinator for the 19th Judicial District Task Force. Before delving into the matter at hand, I would first like to thank Congressman Hutchinson for conducting this hearing in order to learn about the scourge that is methamphetamine from the people who know. Because, while I have only been a police chief for a little over a year, I have been on the frontline of this war as recently as fourteen months ago.

The production, import, sale and use of methamphetamine in northwest Arkansas has reached epidemic proportions. Its use and abuse crosses all socioeconomic boundaries and seems virtually unaffected by race, creed or color. While drawn to the drug for various reasons, the persons tangled in its web of destruction have but one thing in common—eventually they will all live to regret their involvement with this seductress, providing they live through it at all.

In the communities that make up northwest Arkansas, methamphetamine has been a huge drain on our resources. It endangers law enforcement officers and the public, increases crime rates and engenders violence. Every department in the area has been taxed by this battle. My department has four investigators assigned full time to drug investigations. A Crime Suppression Team consisting of four more officers, as well as regularly utilizing detectives and patrol officers for short-term assistance, supplements them. Of course, when these officers are helping the narcotics teams, their work is left unattended.

In addition to the above, patrol, traffic and K-9 officers are involved each day in street-level drug interdiction. And we can't forget the education and prevention aspect of our job. Three more officers are assigned full time to the public schools, teaching drug abuse resistance programs and intervening in drug use among students. In the last year narcotics officers have logged over 1800 hours of overtime due to the workload they face. This is a commitment mirrored by many other agencies throughout the state.

The Rogers Police Department along with the 19th Judicial District Task Force began an investigation in August of 1997 that would turn out to be one of the largest in the state. Dubbed "Operation Daycare" because several drug dealers made a habit of bringing children along during transactions, it was the first time Title III wire intercepts were used in the Western District of Arkansas. Agencies such as the Arkansas State Police, Drug Enforcement Administration, Immigration and Naturalization Service, Federal Bureau of Investigation and the 4th Judicial District Task Force pooled their resources to make a dent in the methamphetamine trade. We were successful, arresting 80 dealers in two separate sweeps.

But a price is always paid for such a success. Over \$100,000.00 was spent on the purchase of illegal drugs, exhausting the department's drug fund within the first few months, and forcing us to ask for monetary assistance from the State Police and DEA. Salary and overtime costs soared and the long hours of surveillance took their toll on undercover officers and their families.

Operation Daycare became necessary when we began to see a large increase in the presence of methamphetamine in northwest Arkansas. In the early and middle part of the last decade, local "cooks" in clandestine laboratories manufactured most of the "meth" found on the street. However, a changing demographic in the form of Hispanic immigration, changed the face of the region's drug trade. Over a three year period, narcotics investigators saw the average amount of a single undercover drug purchase rise from approximately 2½ grams to over 23½ grams of the drug, an incredible 840% increase.

Currently, domestic methamphetamine production has returned with a vengeance as more and more criminals learn to produce the substance. We believe most of the illicit drug, however, finds its way to this area by automobile, airplane, mail and parcel delivery from California, Texas and Mexico. This trend is likely to continue with a national southern border that is virtually imaginary feeding a new regional airport and greatly improved road system.

The increased danger to law enforcement officers and the public from the methamphetamine trade cannot be over emphasized. Meth dealers have a lot to lose if caught and convicted so many either run or fight to avoid arrest and prosecution. High speed vehicle pursuits are often the result of attempting to arrest such criminals while in a vehicle. The danger to innocent citizens of a 100 mile per hour chase in heavy traffic is well known.

Local police officers have also found themselves in danger when attempting to serve search or arrest warrants on suspected methamphetamine dealers. Dealers are almost always well armed with handguns, assault rifles and illegally modified weapons often making up their cache. In addition, they often fortify their homes with reinforced doors, surveillance cameras and booby traps designed to injure officers and give advance warning to the criminals. I have personally witnessed several near misses as suspects tried to reach weapons while officers were bearing down on them.

The "crank" addict often suffers from severe paranoia and may hallucinate. This dangerous combination becomes even more volatile when the ever-present firearm is factored in. Irrational decisions based on imagined circumstances might make the addicted truck driver crash into an innocent motorist or the "high" sex offender commit a rape/torture/murder.

Clandestine methamphetamine labs also pose a great risk to officers and the public alike. The dangerous chemicals used in the manufacturing process often create noxious odors, toxic fumes and an explosive environment within the lab itself. Tragically, we have seen instances where these "cooks" have their children present in the same room when they are manufacturing this product. The risk of death by inhalation, fire or explosion is great to officers attempting to arrest a suspect as well as neighbors or passersby.

Most experts believe the methamphetamine trade has a direct and substantial impact on the crime rate. As the use of meth rises, instances of burglary, theft, and robbery always rise with it. This is a result of users trying to feed a habit whose cost far exceeds their income. Therefore, stealing the property of another to sell or trade for the mandatory fix they require is an inevitable conclusion for many methamphetamine users.

One thing that is learned very quickly by undercover investigators when they become involved in the methamphetamine industry is that it engenders violence. Manufacturers and importers are often drawn to this drug by the lure of easy money. Dealers are similarly attracted or are forced to sell the product to feed their own addiction. These illicit businessmen feel a need to protect their investment from those that compete with them as well as from the law enforcement officers that would shut them down. Users will act in like fashion to keep from getting caught and addicts become completely unpredictable.

The combination of these factors sometimes results in beatings, shootings and homicides. Whether to enforce organizational rules, punish offenders, or eliminate competition, participants in the methamphetamine trade are often vicious. And if they are willing to treat members of their own industry in such fashion, you can rest assured that slaying a police officer will be done without hesitation. We have several unsolved homicides in northwest Arkansas that we believe are directly connected to the drug trade.

Methamphetamine has made a substantial impact on all of our local communities. Unfortunately, it's been a negative one. It has drained resources and put every police officer and every citizen in greater danger than ever before. It is my belief that much of our local crime rate can be blamed on this drug and, by its very nature, it engenders violence. We must press on, devote more resources and work harder than ever before to plug the holes in the dike before a flood of methamphetamine engulfs northwest Arkansas.

Thank you for your time and attention to this matter.

Mr. HUTCHINSON. That's a good summary. Ms. McCoy.

STATEMENT OF CINDY McCOY, FAYETTEVILLE, AR

Ms. MCCOY. I am Cindy McCoy, a recovering drug addict. I'm going to tell you something really straight from this because of the

things I've heard here today because our law enforcement does a wonderful job, but they can only do so much. It doesn't matter how many chemicals you take off the street, they're going to be replaced with another chemical. I've seen it happen time and time again, and I've been involved in the process time and time again. I don't care how many times you take it off the streets, they're going to find another chemical to replace it. You know, a lot of the things that have been talked about here I've done. I'm not proud of it. They're things I would not have done had I not got addicted to methamphetamine.

Probably finding out that I suffered from these addictions was probably the best thing that ever happened in my life because at that point I knew there was treatment. Just like cancer, diabetes, or anything else, there is a treatment. And here I have started—I have stated some of the ideas from members of my fellow home group of Narcotics Anonymous and people in my community and from the schools that I work with with the Drug Awareness programs. I spent a lot of years destroying the people around me, and I—upon being clean, I feel that it is my responsibility to do something different in my community, and I find it my responsibility to help keep my neighborhood clean.

In my job if I've been involved with Fayetteville Police Department a lot of times with people who are dealing drugs with getting them out of my community. And I will continue with these efforts. Those of us who used this drug, we are not necessarily bad people, we are sick people. This drug causes us to do things that we normally would not do. I would never in my lifetime dream that I would be walking around with a gun in my purse and actually put it at somebody's head telling them I'll blow their head off. But that drug done these things to me. I have almost 5 years now off of this drug. The things I've done during those times I would not do today, I would not even dream of doing today, and going through some of the things I've done, it curls my stomach. And I feel it's my responsibility to do what I can do to help turn somebody else's life around and prevent our children from taking the same path that we took.

Children in the schools where I volunteer at and work with the counselors, children are afraid to step forth and tell of their parents' drug problems because their parents will go to jail. They will lose their parents. If we had treatment centers where our parents could go for more than the 30 day program, our children may be able to help their parents. Children feel very responsible for these things. There are children who are afraid of stepping forward and saying anything to teachers or police officers for fear that their parents are going to go to jail. Thirty days in a program, 30 days ain't nothing. Any drug addict can go 30 days and not use. I see them walk out of prison after doing two or 3 years, turn right around and use and not use a single thing while they're in there.

Our probation officers, out of every one I know who is on probation, their houses have never been checked. They've never come to check their residences, to see if they're complying with what is going on in the homes. People who are sentenced to attend NA meetings or AA meetings, they don't show, the papers are forged. They don't finish their programming. Somehow they weasel around it. There needs to be some way to monitor the process. Thirty days

in a detox center is just what it is, it's 30 days in detox. We didn't get sick in 30 days, and we're not going to be well in 30 days. Recovery is a lifelong process. It is something that I have to do on a daily basis. If I don't want to go back to the way I was, this is something I have to do regularly and daily.

I believe in this wholeheartedly, if the court is going to send people to NA and AA meetings, send them down to meet with another case. I'm sure they can miss a day's use searching for ways and means to get more drugs. You know, an hour a day in a program is very little time to the time that I spent running the streets searching for ways and means to get more drugs. The children, our children are not getting the proper education. They believe that the only people who use drugs of any sort, whether it be meth, coke, pot, are dirty, filthy people, which is a lie. It's a lie. I've used dope with doctors, lawyers, judges, you know, methamphetamine. You know, I used it with them all. It is not just—

Mr. HUTCHINSON. Thank you, Ms. McCoy. We'll have some time and I want to follow up with you. That's very incredible testimony you've offered, and we will have some questions, but let me go on here. Your time has expired.

[The prepared statement of Ms. McCoy follows:]

PREPARED STATEMENT OF CINDY MCCOY, FAYETTEVILLE, AR

My name is Cindy and I am a recovering meth addict. I have been asked to tell you about my drug use and the effects it had on my life.

I started using meth in the early 1980s and continued to use it regularly until June of 1995 when there was no living with it or without it. Meth starts out to be a lot of fun. You can work longer hours and get more done at home. Then the monster takes hold of you. Always looking for ways and means to get more. You spend all your time looking for that next fix. Neglecting all that there is in your life. Not showing up where you are supposed to be. How I managed to hold the same job for 12 almost 13 years is something that God did for me. I worked six and seven days a week—10 and 12 hours a day. Getting to work was really pretty easy because I never went to sleep. What shape I was in when I got there was another story. At work as long as things were going good I was pretty much OK, but let something go wrong and I could fly into such a fit of rage and insults. Then go and do some more dope and be OK.

At this point they took my lead job and put me back into production and of course, the way I saw it was that I hadn't done anything wrong. I worked hard and got the job done but some times I was real hard to work for. I quit one day because I was afraid that while I was at work the dope fiends would do all my dope. I started dealing meth to support my habit and my household and of course the is no supporting your house when you do all the dope that comes through the door. By this time the cops were watching me and I know that they are about. My husband keeps telling me that I'm just tweaked out and that there isn't anyone out there. Then a guy wears a wire in on us. Boom. Busted.

Though they didn't serve the warrant for months and why would they? We got wrapped up in a stolen gun deal. Selling stolen guns to support our habit. Knowing that what we were doing was wrong but the meth had such a hold that after a few hits on the pipe nothing mattered except that next fix. Living in such a state of paranoia—seeing things that are not there and sitting around with guns planning what to do and how to do it should the police come. Swearing that you won't be taken alive. Always living in fear that my kids would be taken from me. Yet still sucking on that pipe, sucking and sucking on that pipe. Always staying in the house. Isolated from the rest of the world.

Then the day came to take my husband to court and he handed me the rest of the meth and walked into the courtroom knowing that he wouldn't be walking out. At this point smoking the meth wasn't enough, so I went back to shooting a half gram and snorting a half gram, and putting a half gram in the pipe all in the same sitting in a matter of minutes. Finishing only to start over again. After about three or four times of it I would feel normal. Only to have to do it again in a few hours.

God set in my lap a fully established janitorial business and I looked to the sky and told him that he was giving my one last chance to pull my head out of my ass. I tried and tried and couldn't do it no matter how I tried I couldn't stop using the meth. On June 28, 1995 I really lost it and someone in my family called the police and they came and got me. They took me to a friend's house. I crashed for a day, went to work, and my best paying client let me go because I was getting to work later and later because I couldn't stop using long enough to drive to work.

I was mad and desperate because I knew I was killing myself and there was nothing I could do about it. Meth had total control over me and everything I did. Dying was better than living the way I was living, because I sure wasn't living—I was just getting by from one fix to the next. I had lost all self respect and self esteem because of what I was doing to myself, my family and everyone I came in contact with. Everything had gone to hell and that is all there is to it.

So desperate I couldn't go on the way I was—it was either stop or to take my life. I went to a friend's house and she threw the phone book at me and I asked me what it was for and she said I think you know. At that point I called every drug hot line number and they told me every treatment center had a SIX MONTH WAITING LIST. I couldn't WAIT SIX MONTHS. In six months I would have taken my life. So another friend came and took me to his sponsor's house and his wife hooked me up with Decision Point. They didn't have room either, so I detoxed at the only place I could find and that was at another friend's house.

Waiting to get in just for an evaluation was two weeks away. Sick. Oh God I was sick. Never had I been so sick in my life. Still when I got in for an evaluation there were no beds. The counselor suggested that I go to Narcotics Anonymous (N.A.). And I have been going ever since. That was over four years ago and I am coming up on five years clean. This is a life long process.

I learned that I suffer from the disease of addiction, and that I am sick. I have an incurable disease. But there is treatment and it is the 12 steps. Recovery is hard work. You have to get honest about yourself and the things you have done. Recovery is more than not using drugs. It is taking responsibility for our actions. When I got to N.A., they suggested that I attend 90 meetings in 90 days and I did this. I actually attended about 120 because I was afraid that I would go use and I didn't want to use. Not using was really scary because I could feel the thing I had been running from all my life—MYSELF!!! I was beginning to see just what the meth had done to me and the way I looked at life and the world around me. I didn't like what I was seeing and that scared me even more. But I also came to understand why they suggested ninety meetings in ninety days. I was around people just like me. People who didn't know how to live life without the use of DRUGS.

Today I have a great job that I love and I have my children and I am taking a class at night. None of this stuff would be possible without the 12 steps. N.A. have given me back my life and better than I ever dreamed it would be. It has been proven that those who keep coming to our meeting regularly stay clean. I am a regular. I have already been to hell and refuse to go back.

Realizing and admitting I had a problem were two different things. This is a disease of denial. In the rooms of N.A. I found the education that I need to learn about what was wrong with me. Never was I more grateful to know that I was an addict. That I was a sick person. And there is treatment. Maybe no cure, but treatment.

I have been working with one of our local junior high schools on the Drug Awareness Program. Out of 930 parents I am the only one who is working with the school on this. **WHAT DOES THIS TELL YOU? IT TELLS ME THAT PEOPLE JUST DON'T CARE OR DON'T WANT TO GET INVOLVED. HOW SAD.** During this time I had the children write an essay on "WHY SAY NO?" Our children are not getting the proper education on this stuff. They think that only bad people and dirty greasy people have a problem with meth. **THIS IS A LIE. THIS DISEASE DOESN'T CARE ABOUT RACE, RELIGION, SOCIAL STATUS, HOW MUCH MONEY YOU HAVE OR DON'T HAVE. THIS IS THE TRUTH.**

They also wrote that meth causes:

- bad breath and yellow hands
- cancer
- broken promises, fights
- no money in the home
- no food
- You don't have good jobs
- You're a bad person

These are just a few of the things our kids wrote about. Most of it is not factual.

Children are starting earlier and earlier. This last year I have seen and met children as young as 10 or 13 who are using meth on a daily basis. Most of them are good kids. We have to treat the disease. Not treat the children like they are bad people because they are not. They are sick. There needs to be a way to reach the public to educate them that we have a really sick society. And with the help of everyone we can make a difference. Meth addiction is a illness just like cancer, you don't treat cancer patient like we do addicts.

By the essays I could tell which children live in the homes of users and the ones who got the scare tactics and the crap about yellow hands and rotten teeth. That only dirty people use. What a lot of crap. Most of them don't realize that these drugs can and will destroy their lives. They see people going in and out of jails and nothing changing. Not understanding what is going on. Not knowing that these people are sick and that they have become addicted to the drug.

THERE MUST BE SOME CHANGES IN THE WAY THIS PROBLEM IS APPROACHED AND DEALT WITH. HERE ARE A FEW OF THE SUGGESTION THAT MYSELF AND OTHERS WHO HAVE BEEN THERE THINK MIGHT HELP:

- LONG TERM TREATMENT—30 DAY PROGRAMS ARE JUST LONG ENOUGH TO BARELY LIFT THE FOG. YOU ARE NOT CURED.
- WAYS AND MEANS FOR THE PAROLE OFFICE TO MONITOR THEIR PROGRESS. PEOPLE WHO ARE SENT TO MEETINGS GET PEOPLE TO FORGE THEIR PAPERS AND NEVER MAKE IT TO THE ROOMS.
- SIX MONTHS TO A YEAR IN A HALF WAY HOUSE.
- USE TAX DOLLARS TO BUILD TREATMENT CENTERS AND HALFWAY HOUSES. JAIL IS NOT THE ANSWER—EDUCATION IS.
- FIND A WAY TO GET THE COMMUNITY INVOLVED.
- GET THE WORD OUT. THERE IS HELP OUT THERE INSTEAD OF JAIL.
- PAROLE OFFICES DOING HOUSE CHECKS—OUT OF EVERY ONE I KNOW NONE OF THEM HAVE EVER HAD A HOUSE CHECK.
- GOING TO JOB SITES AND GETTING DRUG TESTS.
- LONG TERM TREATMENT THAT THEY HAVE TO DO (THIS IS A LIFE LONG PROCESS OF RECOVERY).
- N.A HAS A HOSPITAL AND INSTITUTION COMMITTEE THAT COULD HELP WITH SETTING UP A MEETING PLACE FOR THE OFFENDERS TO ATTEND. I WOULD BE WILLING TO HELP TO GET A GROUP LIKE THIS GOING.

People who use this drug are sick people and they need treatment. This is a process that takes a lifetime. With the proper facilities I believe that there can be a difference in the Meth Madness that is taking over our area. Please feel free to get with me if there are any questions that you have. I will be glad to help in any way that I can. There are others out here too who have been there and are willing to help find solutions to this problem.

EDUCATION AND TREATMENT ARE THE ANSWER AND NOT A 30 DAY PROGRAM. WE DIDN'T GET THIS MESSED UP IN 30 DAYS AND WON'T GET WELL IN 30 DAYS. LET'S SPEND OUR TAX DOLLARS WHERE THEY WILL MAKE A DIFFERENCE—BUILDING HOSPITALS INSTEAD OF JAILS.

I would like to thank you for giving me this opportunity to share my views of this problem with you.

Thank you.

Mr. HUTCHINSON. I recognize Mr. Clark.

**STATEMENT OF JAMES CLARK, EXECUTIVE DIRECTOR,
ARKANSAS STATE CRIME LABORATORY, LITTLE ROCK, AR**

Mr. CLARK. Thank you, Mr. Chairman, other members of the subcommittee. I truly wish to extend my appreciation to you for taking the time to come to Arkansas. I have to say that I have had the uncomfortable or unpleasurable task to announce that I run the most inflation-proof business in the State of Arkansas. When I took this job some 14 years ago, the crime laboratory was taking in about 5,000 cases per year, of which probably 2,500 of those

cases were drug-related or had something to do with drugs. This past calendar year we took in 22,040 cases of which 14,490 were drug-related. Five hundred and forty-four of those drug-related cases dealt directly with methamphetamine laboratories. I have the unpleasant task to tell you today, as of Wednesday, the laboratory has assisted law enforcement in Arkansas in the dismantling of 122 labs since January the 1st. If this pace continues, instead of 554 labs on the chart next year, you'll see 808.

The laboratory was created in 1977. It's the only forensic science laboratory in the State of Arkansas which provides forensic science services to the law enforcement community and criminal justice system. I currently have a payroll of 106 people, of which 22 are drug chemists, of which three are assigned specifically to illicit drug dismantling.

The laboratory began seeing a serious problem with methamphetamine laboratories in the mid 1980's, and at that time we sought out the DEA and asked for our people, our drug chemists, to be certified in the area of dismantling laboratories for the sole purpose of providing assistance to law enforcement officers that were out at meth lab sites because of the dangers of the chemicals involved and the methodology that was being used at that time to cook methamphetamine. The large quantities of ether and other acids and materials which the law enforcement officer in Arkansas did not have the experience of being able to handle, did not know which was mixed with which. We still had police officers going on to meth sites smoking cigarettes and other practices. Still the primary reason for us to provide drug chemists to methamphetamine sites is for law enforcement officers' safety.

The other purpose is a selfish purpose, is that we would rather be out there sampling the lab site and taking the samples ourselves rather than having law enforcement bring large quantities of environmental hazardous chemicals into the laboratory. I don't want to become a super fund site there at the Natural Resource Drive. But as Colonel Mars pointed out, during 1989 through 1999 we've seen as few as two laboratories discovered in the State up to the 554 that he mentioned.

During 1987 the laboratory received 380 cases involving methamphetamine for a total weight of 8,434.3 grams. In 1999 the laboratory received 2,420 methamphetamine cases with a total weight 39,617.4 grams. As these numbers express, the last several years have been a very busy year in the production of methamphetamine in Arkansas. And, again, based on our current figures, we're looking at receiving over 800 illicit labs in the year 2000.

As director of a crime laboratory, I wear two or three different hats. I have to work with my personnel on a day-to-day situation where there's no light at the end of the tunnel as to how many labs are taken down, how many are processed, how many court dates do we go to go to court. The other part is that I have to go down to the morgue to see what methamphetamines and drugs of other categories has done to the human side of our population. And then as a member of the Drug Coordinating Council, I come down on the side of Ms. McCoy and other treatment providers and we've spent billions of dollars in law enforcement on the war on drugs but we're

going to have to spend some money on treatment and prevention and education. Thank you.

[The prepared statement of Mr. Clark follows:]

PREPARED STATEMENT OF JAMES CLARK, EXECUTIVE DIRECTOR, ARKANSAS STATE
CRIME LABORATORY, LITTLE ROCK, AR

Mr. Chairman and Members of the Committee:

My name is Jim Clark and I am the Executive Director of the Arkansas State Crime Laboratory and I am a certified law enforcement officer. I have participated in law enforcement since 1977 and have had the pleasure of serving in my present position for almost 14 years.

The Arkansas State Crime Laboratory was created in 1977 to provide forensic science services to the law enforcement community and to serve the criminal justice system. Only a law enforcement agency may submit evidence to the crime laboratory for analysis. We are the only forensic laboratory in Arkansas. Our address is 3 Natural Resources Drive in Little Rock, Arkansas 72205. Our current budget including state, special and federal funds exceeds six million dollars. Our current staffing including clerical, technical, administrative and scientific staff is 106. We have 22 forensic drug chemists working.

The drug analysis section of the laboratory has always been a major contributor of cases to the laboratory and for calendar year ending December 31, 1999, 14,940 drug cases were submitted for analysis. This includes the 554 illicit methamphetamine laboratories in which lab chemist assisted in the dismantling or gave advise to law enforcement on how and what to sample.

The laboratory began seeing methamphetamine laboratories in the mid 1980's to the extent that we had personnel certified through the Drug Enforcement Administration for the disassembling of illicit laboratories. The following gives you the number of laboratories by year and through February 22, 2000:

Year Number of Labs

1989.15
1990.9
1991.2
1992.3
1993.16
1994.6
1995.24
1996.95
1997.244
1998.433
1999.554
2000.122 as of 02/22/00

During 1987 the laboratory received 380 cases involving methamphetamine with a total weight of 8,434.3g. In 1999, the laboratory received 2,420 methamphetamine cases with a weight of 39,617.4g.

As these numbers express, the last several years have been very busy years in the production of methamphetamine in Arkansas. Based on current to date figures, the year 2000 will also be a record year. It would appear that we are looking at working more than 800 illicit drug lab cases in 2000.

From 1989 through July of 1999, the State Laboratory has had as many as 13 people certified by the DEA to work on the illicit laboratory shut down program. However, as our caseload continued to grow and state resources became scarce and with the DEA withdrawing its support not only with personnel but also supplies, it became apparent that this laboratory would have to make other arrangements to assist law enforcement in the dismantling of drug labs. Beginning September 1, 1999, the laboratory instituted a clan lab team that works with other DEA certified law enforcement personnel for the sole purpose of dismantling methamphetamine laboratories. The cost of these three forensic drug chemists is currently funded by a Byrne law enforcement grant, which is matched, with state funds. Total current year funding is \$200,700. As the above numbers reflect, three drug chemist will not be able to make a dent into the backlog of drug lab cases much less keep up with what is anticipated.

The two most predominant methods used in Arkansas to make methamphetamine are listed below along with the cost of purchasing the materials needed and with the approximate net profit per ounce:

LITHIUM/AMMONIA "NAZI" METHOD

Chemical/Retail Cost Manuf. Cost for 1 ounce of Methamphetamine

Pseudo Ephedrine 20 boxes—\$60.00
 \$3.00/box (24 ct.,60mg)
 Lithium Batteries 5 pkgs—\$50.00
 \$10.00/pkg (2-AA size)
 Ammonia 1 quart—\$300.00
 \$300.00/quart
 DeNaturd Alcohol* 1 gallon—\$16.00
 \$16.00/gallon
 Starting Fluid (Ether) 5 cans—\$10.00
 \$2.00/ 16 oz can
Total Manuf. Cost: \$426.00 (28.8 grams Methamphetamine)
Product Retail Cost: \$7200.00 (72.0 grams at 40% purity) (\$100/gram)

Total Profit: \$6774.00

*(used in extraction of precursor material)

HYDRIODIC ACID/RED PHOSPHORUS METHOD

Chemical/Retail Cost Manuf. Cost for 1 ounce of Methamphetamine

PseudoEphedrine 20 boxes—\$60.00 \$3.00/box (24 ct.,60mg)
 DeNaturd Alcohol *1 gallon—\$16.00
 \$16.00/gallon
 7% Tincture Iodine soln **1 gallon—\$38.00
 \$38.00/gallon
 Hydrogen Peroxide** 1 bottle—\$2.00
 \$2.00/pint
 Red Phosphorus powder 25 grams—\$55.00
 \$220.00/100 grams
 Coleman Fuel 1 gallon—\$2.50
 \$3.00/gallon
 Red Devil Lye (Sodium Hydroxide) 1 can—\$1.50
 \$1.50/8 oz can— —

Total Manuf. Cost: \$175.00 (28.8 grams Methamphetamine)

Product Retail Cost: \$7200.00 (72.0 grams at 40% purity)

Total Profit: \$7125.00

*(used in extraction of precursor material)

** (used in formation of iodine crystals)

Mr. HUTCHINSON. Thank you, Mr. Clark. Now I recognize Ms. Sackman.

STATEMENT OF JEAN SACKMAN, PREVENTION RESOURCE CENTER, HARRISON, AR

Ms. SACKMAN. Hello. I was totally unprepared for this, and I want to thank you for the opportunity now that I realize it's such an honor as to be on the panel. I represent the human side of this whole thing, and in 1998 I came across a grant announcement that was the drug for Community Crisis Support Program grant, and my ex-boss suggested we write it because we were currently working with a youth group. And I had a small nonprofit agency that was struggling and trying to stay afloat. We are as grass roots as you can get. If I sat down too quick, I'd poof, you know.

It was a national grant, and we were one of the '98, '99 grants that got funded, and we were the only grant in 1998 in Arkansas that got funded. So suddenly I'm sitting here with no staff, myself, and my board, and we have \$75,000 to do collaborations to do drugs prevention. I was very unprepared for it, but we've come a long ways in these 2 years, and what I did that day is I called Rod

Combs and Tom Duck who run a task force in Mr. Combs' office, Sergeant Combs' office at the State police. And I said, "How can we do something? What's the biggest problem you see happening around here from your end of it, the law enforcement?" And he said "Methamphetamine." And he said, "Hey, we're having a clandestine lab seminar investigation thing, why don't you come to it?"

So I did, and my eyes were so opened that night. I just went away from that. It's in my written document, but I just knew our community was—you know, everything rolls downhill, and we were at the bottom. And the kids are the ones that are going to be really suffering in about 3 years because we're going to start seeing more people in treatment, we're going to start seeing more people going "What do we do?" And everything I've heard up here is "What do we do? How do we get around this?"

That's part of my job is to get people to look at their communities and see what to do about it. And getting ready for this, that's what I did. I started calling some of my friends, family, I started calling business people I knew, and resoundingly the things that they were telling me is that, "Well, I don't really see much problem with it in our area, but, you know, when it really gets bad we'll deal with it." And they don't realize how bad it is. They don't. And I wanted to tell you about this resource. And if none of you do anything, get this resource from the National Drug—or NCHDAI, National Clearing House of Drug and Alcohol Information. It's called Community Awareness of Drug Use Prevention, Issues, Tips, and Tools, and it tells you how to look at your community to see how ready it is to deal with the issues you have in your community.

If you don't know what's out there, and everyone is in denial, you can't get grass roots people to do anything. There's such strategies you have to use to get things going. How am I doing on time?

Mr. HUTCHINSON. One minute.

Ms. SACKMAN. One minute? I started using this in our community and we've had real good response from the smaller rural communities, and they've started realizing we need to work together. And not only the small communities, the governments, the drug free groups at schools, the churches, but the law enforcement needs to be involved, too. They need to be involved as a prevention issue and the treatment also. We all need to work together to attack this problem. Not only methamphetamine, but everything from the beginning of tobacco and alcohol use to the end, whenever they end up in treatment. That's all I have to say, sir.

[The prepared statement of Ms. Sackman follows:]

PREPARED STATEMENT OF JEAN SACKMAN, PREVENTION RESOURCE CENTER,
HARRISON, AR

As a prevention consultant, I facilitate coalition responses to substance abuse problems in Boone, Baxter, Newton, Marion, and Searcy counties in Region Two of Northwest Arkansas. I have been working for the Prevention Resource Center located in Harrison since 1995.

Despite my years of experience, I felt unprepared for this testimony. I made inquiries with family, friends, community members and youth to gather colloquial evidence of methamphetamine awareness in our area. The typical response to my informal interviews was "it's out there, but it doesn't affect me or my family, YET." However, my contacts in local law enforcement have informed me methamphetamine production and use is increasing exponentially in our area. Every prevention bell and whistle is clanging, as I inevitably understand awareness of methamphetamine

issues is appallingly low in our community. I believe this to be true statewide, and I KNOW this has to change.

In 1998, I attended a Clandestine Lab Familiarization Seminar hosted by the Arkansas State Police and the 14th Judicial District Drug Task Force. This seminar educated volunteer fire fighters and first responders in Searcy County of the potential danger of responding to an emergency situation involving methamphetamine production. This four-hour seminar was packed with information. The officers discussed ingredients needed to produce methamphetamine, toxic waste by-products, lethal and explosive chemical combinations, and the means employed by methamphetamine producers to obtain chemicals. Most amazing to me was the different methods of methamphetamine production and how much money meth producers make (the NAZI method produces enough methamphetamine to net \$400-\$1,000.00 and that quantity of meth can fit in your pocket—think of a packet of sugar in a restaurant). I saw officers and fire fighters flinch when booby-trap methods (used to sabotage entrances) were mentioned. Finally, discussion centered on the violence that surrounds and permeates the lifestyles of those producing and using methamphetamine. Driving home, I realized our community is not prepared to address the damage methamphetamine will cause.

With my heightened awareness, I began a fact-gathering mission. Results were dismal. I could count on one hand the people who were aware of methamphetamine, how it was made or the prevalence of production and usage in this area.

In stark contrast, law enforcement and the judiciary are well aware of the problems with methamphetamine. The 14th Judicial Drug Task Force and local sheriffs' offices are doing a brilliant job busting the meth labs. Many the alleged meth producer will make bail, re-offend and make bail again before the first offense is heard in court. Just last fall, local law enforcement reported they are busting third generation meth producers and users.

I asked a local businessman if he saw any effects of methamphetamine on his workers or daily business. Shoplifting was the primary negative effect he cited. This businessman reported his store had few problems with meth use among workers since his store drug-screens all prospective applicants and "they know not to apply at his store." He reported a shoplifting incident where a barefoot culprit stole chemicals that could be used in methamphetamine production. After becoming violent, the culprit ran off in the woods behind the store. The employees and law enforcement never found the shoplifter.

I asked a female friend to relay her experience of being accused of producing methamphetamine in her home. She was charged with having "suspicious" chemicals. These chemicals were in the back of a truck her family purchased at auction. The truck was parked at the back of the property. An informant with a personal vendetta against a family member made a false accusation that the family was manufacturing meth. Her house was invaded and searched; and the family arrested and taken to jail because "suspicious" chemicals were in the truck. No other evidence was found on the property to indicate methamphetamine was being produced in this household—no lab setup, no booby-traps, no toxic waste—only the "suspicious" chemicals. These two containers totally changed this woman's life, who at the age of 62 is still fighting for her good name, her job security, and the peace of mind she had before methamphetamine entered her family's vocabulary.

A local elementary school experienced first hand the negative effects of methamphetamine. About two years ago, a number of Jasper students became inexplicably ill. The EMS responders also became stricken with nausea after examining the students. Local law enforcement soon disclosed that a child had come to school in a jacket saturated with a chemical commonly used to produce methamphetamine. This chemical exposure put the child's entire class at risk and approximately eight students were hospitalized. Many other children were sent home ill after breathing the chemical.

Our community faces more violence as methamphetamine use and production increases. Long-term methamphetamine use results in extreme violence and paranoid behavior. Furthermore, family strife is often a factor in a drug-producing, drug-using household.

Law enforcement is prepared to deal with potential violence in households suspected of meth production and/or use. The general population is woefully unprepared. An office at risk daily is the Department of Human Services. The Division of Family and Children Services workers required to investigate charges of child abuse/neglect are at risk of potentially violent situations and the life-threatening chemical wastes created by meth production. Many caseworkers with whom I spoke are not aware of the possible dangers of entering a meth-producing household. Caseworkers who read the information presented during a Clandestine Lab Familiarization Seminar (these caseworkers were not given an opportunity to attend the semi-

nar) recalled households where strange cooking equipment and foul odors were observed. Most felt they had unknowingly seen evidence of a clandestine methamphetamine lab. All expressed increased concern for the children who might be exposed to such dangers.

With my growing awareness of the methamphetamine problem, I began to notice weekly newspaper reports of individuals charged with trafficking meth. These individuals were older, usually in their mid 30s to 40s. Since I work with youth, I was concerned that teenagers and young adults were being targeted to begin using this drug. I asked teens—particularly youth who were friends with the “fringe” crowd—if the drug had surfaced in area schools. One female said, “If a kid wants it, it’s easy to get. They know where to get it.” Three other youth agreed they could get meth if they wanted it. I was stunned at the nonchalant attitude these youth took when speaking of a friend who “used meth last night at a party”. While alcohol, tobacco and marijuana top the list of substances used by youth in Northwest Arkansas, the teens I interviewed reported their peers used methamphetamine occasionally and they did not perceive it as “that bad.”

After reading that Arkansas was “declared to have the highest number of meth lab seizures per capita in the nation,” I was motivated to take action. A big part of prevention is working to build coalitions in our area. Getting people to do something is the biggest challenge. Our agency has been working with the 14th Judicial Drug Task Force to help promote the Clandestine Lab Familiarization Seminar to retail businesses, large employers, and service agencies. The more awareness spreads, the more people have to admit that action is needed. That is when people start calling my office.

Unfortunately, prevention is hard work with little immediate gratification. The family living a healthy life, providing safe homes for their children, or ensuring their children are informed gets no reward, no pat on the back. No one cheers the teen who resists the peer pressure they face daily at school, after-school, or at their job. The school counselor or teacher gets no credit for going the extra mile when a student needs guidance. If they are lucky, the student may smile and thank them for their efforts. The church minister faithfully helps find shelter or food for the family rendered homeless by the devastation of substance abuse, knowing he or she will rarely hear gratitude from such a family. The treatment counselor knows the rate of relapse is a relentless tide, yet they fight daily to help individuals get clean and sober.

People don’t do prevention because of the potential tangible rewards. Prevention is a conscious choice of hard work with little or no recognition. But, prevention is the best way to approach the overwhelming problems our community faces with substance abuse, especially abuse of methamphetamine. I am working hard just like so many other caring, knowledgeable individuals and organizations to help prevent the spread of ALL substance abuse in our state. I have taken those first critical steps to run screaming this message: “PREVENTION WORKS! Do something before a crisis occurs!”

Congressman Hutchinson, by testifying about what I have heard, what I know, and what I have seen, I challenge you to use your heightened knowledge to become proactive. Encourage individuals, families, organizations, and public servants to do the “hard work” needed to stop methamphetamine use and production in our communities.

Mr. HUTCHINSON. Well done. Thank you very much. And, Mr. Counts, last, but not least.

**STATEMENT OF LARRY COUNTS, EXECUTIVE DIRECTOR,
DECISION POINT, INC., SPRINGDALE, AR**

Mr. COUNTS. Thank you. I would first like to thank the members of the committee for having the opportunity to come here and present on this issue of methamphetamine.

In my own experience I think I’ve got to agree with everyone that’s spoken here today, it truly can be classified as the crack cocaine of rural Arkansas. It’s a unique drug that as has already been pointed out that’s getting popular in the State quite rapidly and essentially knows no bounds as far as the age, race, gender or social status. Let’s say today, and I think it supports, that there

are several factors that one can look at as far as what's contributing to this problem.

Now, primarily the ease on which this methamphetamine is manufactured, its prolonged effect, its addictive properties, make this a highly profitable drug and economically attractive for anyone who's willing to take the risk to make it for profit or for their own supply. The combination of these factors of which as evidenced today, it's just frustrated law enforcement and providers alike in trying to stem this problem.

I would certainly suggest that in looking at this from an objective standpoint that the basic marketing and economics would dictate this, that as long as the demand exists that promotes profitability, manufacturers or dealers are always going to step forward and to meet the demands or the needs of the customers. Even as one's arrested in our community, it always seems there's another who's willing to step forward and take that risk. You know, fueled by greed, and, again, their own need, as evidenced by a growing population in our prisons, our jails, both Federal and State.

Targeting supply reduction of methamphetamine as well as other substances is essential, and I understand that, and I think everyone here does today. The success of such initiatives, both domestic and abroad, are extremely limited by the lack of aggressive and equitable demand reduction initiatives.

My presence here today really is two-fold, and one is to show the support that I as a provider or representative of that community have for law enforcement and the need for helping persons accountable in this community, but I've witnessed firsthand the devastation of this drug, the scope of this drug, as well as other tasks on society as a whole. I'm also here today to encourage the community to strongly consider increased demand reduction efforts along the lines of treatment, intervention, and preventive services.

I have observed the history of drug use trends for 25 years and watched these things come and go, and one most unique phenomenon about this is new drugs emerge and fade in terms of their prominence. The addiction always remains and seems to continue to create a market for use. Although substance abuse is a choice, I would suggest addiction is not a choice. And experimentation with adolescents and other folks each year breeds a new generation of addicts that come to our doorsteps and really frustrates law enforcement. And I think that it is one that lacks awareness. I've never met in all the years I've been around this business and associated with this culture, I've never met anyone that intended to become addicted when they took their first drink or their drug. I've never met anyone that expected to experience the problems that they did.

My efforts speak to the interest of treatment, resources, demand reduction, is voiced here not at the expense or lack of importance of any other programs. We're not in competition. We're all on the same side. If I had anything as an ultimate goal of this or any other effort today, it would be to really foster and integrate an approach to promote public safety and improve the quality of life in this community such as ours. I do believe that this partnership is a key and not in spirit, but in action for a change. And not just to talk about it, but to actually do something. The combined com-

munity is what is necessary. No single entity, not treatment, not law enforcement, are going to make a dent in this issue. Together I think, though, we can make a difference. Thank you.

[The prepared statement of Mr. Counts follows:]

PREPARED STATEMENT OF LARRY COUNTS, EXECUTIVE DIRECTOR, DECISION POINT, INC., SPRINGDALE, AR

In September of 1955, a Senate sub-committee convened in New York state to address growing social and governmental concerns related to the growing narcotics trade in the United States calling it a "nefarious trade and pernicious racket." Committee members were united in their mission and vowed to declare a "war on drugs." Yet, since that declaration, numerous drug use trends have reached epidemic proportions resulting in grave social concerns to include the abuse of cannabis, hallucinogens, cocaine, and crack cocaine. Slowly gaining popularity in the mid to late 1980's, methamphetamine has now emerged to become the most challenging epidemic to date in American society. The significance of methamphetamine is not based simply upon its unique properties as a drug. Methamphetamine introduces a broad range of problems due to its production upon demand, extreme potency, public safety issues, long term environmental hazards, and an unrestricted market.

Methamphetamine is a powerful central nervous system stimulant that can be inhaled, smoked or injected and is associated with a rapid onset of action. Easily manufactured in clandestine labs, methamphetamine has a legal manufacturing base, it is relatively easy to make, and it produces a more pronounced affect than any other stimulant. Its popularity has soared during the 1990's particularly in the West, Southwest, and Midwest regions without regard to sociostatus. An estimated 4.7 million Americans have experimented with this substance that like all other such drugs, harms families, destroys neighborhoods, impedes educational institutions, overwhelms criminal justice systems, impairs health, and taxes social service systems.

Methamphetamine is classified as a psychostimulant similar in properties to cocaine and amphetamine. Although this class of stimulants have similar psychoactive effects, methamphetamine possesses remarkable differences in the basic mechanisms of how it works at the level of nerve cells and chemical makeup. The drug effects both the cerebral cortex and the limbic areas which are now recognized as major reward pathways for the activation of methamphetamine and most responsible for contributing to its addictive makeup. Essentially, methamphetamine results in an accumulation of the neurotransmitter dopamine and this excessive dopamine concentration produces intense feelings of euphoria by the user. Unlike other stimulants, methamphetamine is not quickly metabolized in the body. The resulting prolonged concentration allows it to maintain a much longer duration of action remaining virtually unchanged while in the body for an extended stimulant effect. The half-life of methamphetamine ranges from ten to twenty hours dependent upon the dosage and duration of use.

For many, the most dangerous consequence of this drug, however, is its ability to produce neurotoxicity effecting cardiovascular, central nervous, and pulmonary systems. Chronic abuse or binge use of methamphetamine can and often does result in episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Intoxication results in manic or mixed mood features. Delirium and psychotic behavior are the two most remarkable. Delirium associated with methamphetamine use is most often the result of high doses or sustained use that contributes to sleep deprivation. Methamphetamine induced psychotic disorder is similar in ways to schizophrenia. However, one distinguishable hallmark in methamphetamine psychosis is the presence of paranoia. This feature is recognized as contributing to the series of bizarre behaviors witnessed by law enforcement and other parties confronted with persons under the influence of methamphetamine.

Methamphetamine is not a new drug, but it is one that has gained popularity over time due to several factors. It was first synthesized in 1887 from the drug ephedrine, an organic substance used as a medicine in China for centuries. Its pharmacokinetic properties were found to be beneficial in the medical community in the treatment of such disorders as inflammation of nasal passages, narcolepsy, and obesity. However, along with its exposure in the medical community it began to gain recreational popularity during the 1960's and by 1970, the Controlled Substances Act was passed that included the stringent regulation of methamphetamine production. In 1980, smokable forms of methamphetamine were introduced and new epidemics began to spread from Japan and Korea to Hawaii and the Western United States. In the 1990's the substance drifted Eastward at a rapid pace. One of the

more significant events of this time and one that moved methamphetamine to the forefront of preferred drugs was the discovery of a recipe for "Nazi Meth." This German method, produced for field soldiers during World War II, became public knowledge and accessible to millions world-wide. Persons quickly learned this basic recipe could be reproduced with little or no scientific knowledge. So refined, many began to manufacture methamphetamine in neighborhood homes, dorm rooms, hotel rooms, and automobiles. Due to its low manufacturing cost and high profitability, manufacturers have easily aquisitioned ingredients where a \$150.00 investment could easily be turned into several a thousand dollar profit. Although large scale operators in Mexico are identified as trafficking methamphetamine across Southern borders, it is a drug that has no country of origin and is easily manufactured with relative simplicity within the borders of the United States.

At issue in the manufacturing of methamphetamine are the legal chemicals ephedrine and pseudoephedrine that are found in literally dozens of sinus medications, diet supplement, and "energy boosters." Although large quantities are required for extraction to produce methamphetamine, amateur chemists are acquiring the necessary amounts through mail order or other means and combining them with such ingredients as battery acid and red phosphorous to make large quantities. One of the most common methods of synthesis is through the reduction of ephedrine into methamphetamine. This is accomplished by using hydriodic acid and red phosphorus. The methamphetamine produced by ephedrine reduction is a lipid-soluble, pure base form that is highly volatile. To disrupt the manufacturing process, the Drug Enforcement Agency in 1994 placed domestic recordkeeping and reporting requirements on ephedrine tablets, but manufacturers quickly changed their choice of precursors by using pseudoephedrine drug products and continue to devise means to obtain the necessary supplies.

The methamphetamine epidemic has evolved in spite of increased penalties and heightened supply reduction efforts introduced by Federal, state, and local governments across the country. Most notable in the codification of laws aimed at eradicating drug and/or drug related crime is the Methamphetamine Anti-Proliferation Act of 1999. This bill amended the Controlled Substances Act and the Controlled Substances Import and Export Act relating to the manufacture, traffic, import, and export of amphetamine and methamphetamine, "and for other purposes." Depending upon jurisdictions and the offense, penalties for drug law violations can range from several years to life terms. The result of mandatory minimum sentencing laws will affect projected arrests for the year 2000 which some estimate to be close to 1.55 million. Although these numbers do not account specifically for drug or drug related offenders, it does speaks to the enormity of the problems faced by society in combating the war on drugs. Since the enactment of mandatory minimum sentencing for drug users, the Federal Bureau of Prisons budget has increased by 1,350 percent. Its budget has jumped from \$220 million in 1986 to 3.19 billion in 1997. In 1998, the U.S. imprisoned more than 1,185,000 persons for nonviolent offenses at an annual cost of more than \$24 billion. In studies conducted across the nation, it is estimated that upwards of 80 percent of these offenders have a drug problem. At our current rate of incarceration, it is projected by the year 2002, the nation will spend some \$100 million per day to incarcerate individuals with serious drug and alcohol problems.

These figures are staggering, but none more so than the estimated total economic costs to the United States from substance abuse to be approximately \$166 billion per year. The "war on drugs" theme has echoed throughout society for decades now. The wide spread use of mood and mind altering substances, including methamphetamine, has caused such a degree of havoc in the United States that one presidential candidate in the early 1990's referred to the problem as "domestic chemical warfare." In spite of all efforts to date, it is estimated that some 15 to 18 percent of the nations population, or roughly some 36 to 42 million persons, will become addicted to at least one drug during the course of their lifetime. The history of the war on drugs has been one of moral victories, but the war itself continues to wage and has now carried over to foreign countries where crop eradication and supply reduction efforts are costing billions of dollars in attempts to stem the tide of drugs imported into the United States.

These issues are highly relevant in addressing the war on drugs where methamphetamine has become the "public enemy" and our most formidable threat to date. Governmental agencies, academic institutions, and health care have all made significant advances over the past ten to fifteen years in understanding the dynamics of substance use, abuse, and their relationship to crime. Probably no single voice underscores the importance of the need for broader public policy and strategy as accurately as the Methamphetamine Interagency Task Force. The task force, authorized with the Comprehensive Methamphetamine Control Act of 1996, concluded in

its findings that the most effective means of eradication would come by combining prevention and treatment with education and enforcement. The task force emphasized that in order for both demand and supply reduction initiatives to work, they must be supported by appropriate organizational structures to include comprehensive, coordinated, community based strategies. Moreover, that collaboration between Federal, state, and local agencies must be timely and accurate.

Although overall crime rates in the United States have declined in recent years, there remains a disproportionate number of drug offenders among arrestees. The methamphetamine and chronic drug problems experienced in the United States cannot simply be incarcerated. The current approach, supported by statistical data, clearly demonstrates a gap in public policy as the traditional criminal justice methods of incarceration, probation, or parole have not stemmed either the tide of drug use among offenders or drug related crimes. Sentencing guidelines have left judicial and law enforcement personnel with narrow ranges of alternatives and often frustrated over the seeming revolving door of drug use and crime. Yet, as public officials, they are bound by and responsible for maintaining public safety and upholding the law. They carry out the scales of justice with which they are charged. This approach, however, is void of any type of therapeutic or sociological jurisprudence, focusing more on the process than the outcome. In other words, the system only allows for a linear solution to the problem: arrest the offender, charge the offender, convict the offender, objective completed. One emerging result of this process has been the recognition of a high rate of recidivism. Both the increased incarceration and recidivism rates may more accurately reflect the problem as one of addiction rather than a predisposition to criminal behavior. This would account for the continued growth of incarcerated substance abusers and support the Methamphetamine Integrity Task Force's findings and recommendations for a more collaborative and equitable approach. Current research would support reexamining the approach to our nation's drug problem not only through the enactment of laws regulating production, distribution, and possession, but through the increased funding of effective alternatives.

Recommendations call for demand reduction measures that include treatment, intervention, and prevention. This remains a highly difficult task, though, as evidenced by historically disproportionate funding streams. The proposed drug control budget for the fiscal year 2000 provides some \$19.2 billion for demand and supply reduction. However, the split has generally allocated only one-third of this funding to demand reduction, a distribution trend that has consistently remained the same over the years. It is strongly believed the adverse consequences of drug use in the United States can be effectively combated through demand and supply reduction, but neither approach is sufficient by itself.

The U.S. Justice Department, Center For Substance Abuse Treatment, the Substance Abuse and Mental Health Service Administration and other such organizations have gradually demonstrated the improved effectiveness of substance abuse treatment over the past several years. Nationally the cost of untreated addiction runs as high as \$172 billion a year, yet dollars directed toward prevention and treatment services equal less than one percent of this amount. The Center For Substance Abuse Research determined in 1998 that 55 percent of the costs of both alcohol and other drug abuse are born by either society, governments, private insurance companies, or victims. Moreover, the findings of these research initiatives have begun to clearly demonstrate not only the improved effectiveness of drug treatment, but its efficacy as well.

This is significant given the fact that for many years most officials and social agencies alike questioned the effectiveness of treatment for drug and alcohol abuse. Treatment remains a very new field in comparison to other methodologies. For example, as late as the 1980's many states were unable to provide services to persons seeking treatment for drug abuse, as funds were only available for the treatment of alcohol abuse. In addition, up to and prior to this time, most of the responsibility for the provision of treatment services were delegated to paraprofessionals, most of whom were without academic training. Successful outcomes were limited due to the treatment providers absence of clinical and theoretical training. Their efforts were remarkable given the circumstances, but nonetheless lacking in comprehensiveness.

Addiction is a biopsychosocial phenomenon of brain disease with behavioral and social context aspects. The resulting conclusion is that the most effective treatment methods must deal with all of those aspects: biological, behavioral, environmental, and social. Although drug use is a voluntary behavior, addiction is not. Numerous advances have been made in this field where, for years, abstinence was considered the measure of success by drug and alcohol treatment centers and professionals alike. But along with improved knowledge came an improved understanding of the dynamics involved in the recovering process. The new generation of providers, along

with paraprofessionals, now understand that it is necessary to treat not only the person, but the person in the environment. As one notable example of this, substance abuse is one of the top two problems exhibited by families in 81 percent of reported cases to state protective services. Across social lines, domestic violence, sexual abuse, illiteracy, poverty, and other such variables predictive of successful recovery are now readily recognized as critical issues in the scope of treatment, issues that must be addressed and resolved during the course of the recovering process. The provision of a full continuum of care, strong case management, and comprehensive services have all resulted in improved outcomes.

However, treatment providers and agencies alike have been limited not only by an absence of adequate funding, but time constraints as well. The limitations have come in the expectations of treating such a chronic problem with acute interventions. Under those constraints, treatment providers have been held to unrealistic standards of assessed effectiveness. Given the same time as incarceration, these agencies would have an opportunity to accomplish much more to the benefit of not only the individual involved, but society as a whole. Treatment centers are given less than one month to accomplish desired outcomes that penal institutions are afforded years to accomplish. In many cases, treatment centers can provide a year of services at one-third the cost of housing an inmate for a single year. Although both vary in the philosophical approach to the problem, each seeks the ultimate outcome of returning responsible and productive persons to their respective environments.

The benefits and merits of such an approach are probably best demonstrated using the recent success of drug treatment courts operating throughout the United States. Beginning in the 1980's jurisdictions began to assess their approach to handling defendants charged with drug or drug related offenses. In 1998, the concept of a drug treatment court was introduced in Dade County Florida. Supported by both Attorney General Janet Reno and Drug Czar Barry McCaffrey, the mission of the drug court efforts was to reduce incarceration costs, drug abuse, and recidivism rates. The design of the Dade County Drug Treatment Court introduced a psychosocial approach recognizing drug possession and use as not simply a law enforcement/criminal justice problem, but a public health problem as well, with broad community implications. The key premise was based upon the belief that treatment works frequently enough to merit implementation of intervention oriented drug courts. Furthermore, that these methods were a better alternative than conventional case processing for some types of offenders. The approach is not applicable to all substance abusing offenders. Nor does it alleviate anyone of personal responsibility and accountability for their actions.

A reduction in criminal recidivism was a significant factor in the creation of drug courts. Virtually all drug courts are required to maintain current outcome studies and recidivism rates among those participants involved to date, regardless of whether they completed the program have ranged from 5 to 28 percent. Among graduates, recidivism has been approximately four percent. The cost effectiveness of such initiatives have been promising as well, but vary by jurisdiction. Since their conception in 1989, some 323 drug courts have been established and now operate in 48 states. Since 1995, eleven states have enacted legislation dealing with the funding of drug courts and one state now has implemented statewide drug court programs based upon their successful history. In 1996, voters in Arizona passed an initiative which mandated drug treatment instead of prison for non-violent drug offenders. At the end of the first year of implementation, Arizona's Supreme court issue a report which found tax payers saved \$2.6 million in one year. In the same findings, some 77.5 percent of probationers tested negative for drug use after the program. A Rand study found for every additional dollar invested in substance abuse treatment, it saves tax payers \$7.46.

The merits of such a comprehensive approach to the nation's drug problem goes well beyond incarceration issues and strikes at the core of supply and demand reduction initiatives. It is a means to achieve desired goals through a more collective approach, maximizing resources in a manner promotive of a safe society and improved quality of life for all its members. It is an approach that has been long overdue. There are and have been judicial, law enforcement, probation and parole, treatment, mental health, school, and other camps seeking the same outcomes in regard to drug and alcohol abuse in the United States. However, the collaboration has been absent. Working by themselves, each can demonstrate efficiency. But, working by themselves, none can be totally effective. Initiatives should be introduced that promote the unified efforts of these groups by pooling resources. Therefore benefitting from each others shared knowledge and leverage. Unified in their approach, they have great influence and power.

Mr. HUTCHINSON. Thank you, Mr. Counts, and I think that was an excellent summary, really, of what we're doing today. I don't think I'm going to offer any questions, but I want to make a couple of comments, and particularly thinking about what Ms. McCoy said. I know that there's a sense that if you take it off the street there's going to be some more to replace it as long as you have a demand for a chemical product to ingest in your body. And, you know, it's the demand that's a concern.

And I agree with Mr. Counts, that we have got to do something in terms of demand reduction, but what you said is very important, it's a balanced approach. And, again, I'm a parent of teenagers, and if you can take it off the street you can make it more difficult, you can take the recipes off the Internet, and you can discourage experimentation by teenagers with these type of drugs. If you can put pressure from the law enforcement community on the supply side so that it raises the price where it's not affordable, make it more difficult, make it more dangerous in terms of the likelihood of being arrested, and make the cost higher, it's going to discourage use, and if you discourage use, you save lives. And that's what we're trying to do.

Now, at the same time, there's no question but that we've got to deal with the addiction problem. You've got to have substance abuse funding, and I'm delighted that the bill that this committee is considering and hopefully will be marking up, expands the methamphetamine abuse prevention efforts, and it's particularly designed for the rural communities.

Coming back to what I said at the very beginning that it's the rural areas in which the methamphetamine and the drug abuse has really escalated. It's not enough money, but it provides \$15 million more for prevention programs as well as more in terms of treatment programs as well. And so that's why we have a balanced presentation of testimony today. We want to have a balanced approach in Congress, and it's very, very important that we do all three. All three. And I believe that we should be more optimistic in what we can ultimately do in this great effort to save our young people.

With that, I would like to yield to Mr. Chabot.

Mr. CHABOT. Thank you, Mr. Chairman. And I agree with your comments very much, and I think it was helpful. We've been asking some questions but I think you wrapped it up quite succinctly there, and I commend you for doing that. Ms. McCoy, let me ask you a question first. And I know it's tough to testify up here before so many people and before the panel and everything. I want to commend you for having beaten your addiction, at least hopefully forever, and I know that you've been clean for 5 years now. It's my understanding you were on the drug for 15 years and you've been clean now for the past five. Is that correct?

Ms. MCCOY. Almost five.

Mr. CHABOT. Almost five. And you've got two children, age 13 and 8?

Ms. MCCOY. Eleven.

Mr. CHABOT. Thirteen and eleven?

Ms. MCCOY. [Nods head.]

Mr. CHABOT. And I know that that's the part I want to focus in. I've got a teenage daughter myself, I've got a son who's 10, and I know just as a parent, one of the strongest feelings that we have is toward our kids and trying to protect them, and I guess it says something about a drug and how powerful this particular drug is that you would risk probably the custody and care of those children because this drug, basically had overtaken your life to some degree. And my question is, could you discuss that? I mean, as a person that was addicted to this and also knowing that you have kids, I mean, how was that drug so powerful that you would jeopardize that? And what's happened since then? How are your kids now, and have they—are you worried or concerned that they might follow your foot steps, for example?

Ms. MCCOY. I lost my kids on account of my drug addition, but I now have them back. I take my kids to meetings with me, and they learn. And my daughter today carries the message in her knowledge to the school to talk to the children in her school about drugs and the effects of drugs and what can be done about them. Now, I took my kids with me, but it's only by the grace of God that nothing ever happened to them, you know.

Well, when we're using that thing, that drug, you know, we think we're invincible. We begin to think we are totally invincible, and we start doing things that we normally wouldn't do, taking our children places we wouldn't take them, doing and saying things in front of them that I wouldn't dream of doing or saying in front of them today or before that point, you know. This drug just takes total control of you. Nothing else matters, period. You can never get enough. Never. At the end of my using, an eight ball a day barely put me to feeling normal.

I was using up to two eight balls a day. That's a lot of dope. It's a lot of dope. And it just increases. The longer you're there, the more powerful it gets, and the more you're going to do whatever it takes to get there. But upon finding out I had a disease and that there was something that I could do, my life has been totally different. One of my clients who when I run my own janitorial business, told me, "Cindy, there's help out here, and it's free." You know what, that free program has saved my life. It's given me a life, and many, many others like me.

I've seen a lot of people come and go from these rooms. I see a lot of people stay. But if people don't get the message that there is another way of life and a new way of doing things, and that we are a very sick society, nothing is going to change. And I truly believe that in my heart because before I knew I was a sick person that my body becomes dependent upon something to make it feel whatever this thing wants to feel, I had no clue that there was another way of doing thing. And as far as having this thing beat, no, I don't have it beat. My disease finds other ways to present itself in my life.

Obsessive compulsive disorders can go from one variation to the other. Today I have to be very careful with my computer, my job, my activities. Obsessive compulsive disorder is an obsessive compulsive disorder. And it manifests in many, many different ways. A lot of times when we get off of drugs, it's a lot less disruptive

that the drugs did to you. Like, no, I don't have it beaten. This is a battle I will deal with for the rest of my life.

Mr. CHABOT. Thank you very much for your testimony this afternoon. In the interest of time, I'll yield back to Mr. Chairman.

Mr. HUTCHINSON. Mr. Jenkins.

Mr. JENKINS. Thank you, Mr. Chairman. I would be very happy to mention that there are people in the audience who would like to comment or perhaps have questions. I would be very happy to relinquish whatever time I have to anybody in the audience who has any additional comments, if that's what you're going to do as chairman of the committee.

Mr. HUTCHINSON. It is, Mr. Jenkins, and thank you. That's very courteous of you. We're on time, gentlemen, first of all. I was hoping that we would finish completely by 4:30, and so if there's some comments from the audience, this is a good time to receive them. I would like to have the panel stay here just so we don't disrupt our flow. And if there's anybody that has a comment, we'll put some time limits on you, but if you want to line up at the microphone, this is a good opportunity.

As you're thinking about that and getting ready to do it, I did want to introduce some very important officials who are here that have expressed a great deal of interest in this issue. State Representative Jim Holt, Representative Jim Bob Dugger, and Representative Jan Judy. Thank you all for being here. We have two county judges; Benton County Judge Cary Anderson, and Johnson County Judge Mike Jacobs. If you all are here, just go ahead and stand up. Ya'll have stayed through all of this, as well as all the State representatives that I introduced.

I also want to recognize Mayor Steve Womack of Rogers and Mayor Jerre Van Hoose of Springdale, our host city. Thank you for being here. Also, Municipal Judge Rodney Owens. I saw him earlier. Justice of the Peace, Washington County, Ron Clark, I understand is here. And we have a representative from Senator Lincoln's office. Thank you for being here and also presenting the testimony.

So, certainly, colleagues, this demonstrates a lot of interest in this issue. I haven't seen anybody flooding the microphones, so we might get done a little bit early. This is Muskee Harris. And while he's getting there, a point was raised by Ms. McCoy about only a 30 day treatment program, and I think that's something that Muskee has raised with me that it's not real adequate. But let's say 3 minutes at first as a time limit. And, Muskee, you have the floor.

STATEMENT OF MUSKEE HARRIS, DIRECTOR OF COMMUNITY RELATIONS AND TOTAL LIVING, LITTLE ROCK, AR

Mr. HARRIS. Thank you, Congressman Hutchinson, and distinguished panel. My name is Muskee Harris. I'm director of Community Relations in Little Rock and Total Living. We're a long term alcohol substance abuse program. Three years ago we took over a condemned building to assist in the battle of the epidemic of drugs in our State and in our city. And we changed our program because the drug makes you change your program to adjust to the needs you have in society.

And I'm so excited to see the unity expressed in this meeting today that it does take all of us. It takes the law enforcement, it takes the prevention, it takes the treatment programs of all of us to combat this epidemic. In Little Rock, they call my house the prosecutor's house because I have so many clients. I have two facilities. I have nearly 160 clients from Forrest City to Little Rock. And when they get arrested, in 90 days they've picked up three Y felonies. Just that fast. It's just that demand of the addiction on them that they can't get enough.

We have a saying that one hit is not enough, and a thousand is too many. That is true. And in my program, the individual comes in from the court on the municipal level because his charge is going to be bounded over to circuit, and he stays in my program anywhere from 6 months to 18 months while he goes through his court proceeding so that the law enforcement can go through his trial there. And I need money for the treatment end.

I'm a strong supporter of eradication of this drug, but if we get rid of it, what do we have left? We have a bunch of addicted individuals, broken families, and dysfunctional families, that need help. Let's write to our congressmen, and let's get more money down here so that we can get more treatment, more education, and more prevention. Thank you-all for this opportunity.

Mr. HUTCHINSON. Thank you, Mr. Harris. Do state your name, and if you represent anyone, go ahead and say it.

STATEMENT OF JOANNE DRISCOMB, CONCERNED CITIZEN

Ms. DRISCOMB. I am Joann Driscomb. I am (inaudible) of drug task force's ability. And 20 years ago I tried to get our community aware of what was going on. I had police officers working with me on this when one told me, "Ms. Driscomb, I have got to get away. I can't help you. My job is in jeopardy" so me being a mother, I was afraid to speak out, I just backed away, and all I did was take kids into my home and tried to help them on my own.

Well, Washington County Drug Task Force has endangered their lives for the way they do things here. They can go knock your door down and come in in jeans and t-shirts and not announce that they're drug task force. They're taking a chance of either getting themselves shot or the people in that house shot or innocent people can be arrested. My daughter, one of your meth test labs an innocent lab set up by an angry daughter that had been cut out of her father's will, high on meth, went to the police and told them that her father was Uncle Fester. I had never heard of Uncle Fester until that deposition with the police.

Washington County is facing big, big lawyer fees because my son-in-law and my daughter was arrested. She had nothing. She wasn't even being arrested. The daughter told where the money was, and they went in there and arrested my daughter. She was in jail 2 days, no phone calls. I'm going to take my 13-year-old grandson for counseling now on account of what the police have done. And the task force's lives could be in danger when they knock your door down and come in with no uniforms on in jeans and t-shirts. It's dangerous for them.

Mr. HUTCHINSON. Thank you very much.

**STATEMENT OF DAVID COLEMAN, NORTHWEST ARKANSAS
HUMAN SERVICES SYSTEM**

Mr. COLEMAN. Congressmen and panel, I'm David Coleman from the Northwest Arkansas Human Services System. We are a community mental health system. We also operate a local health substance abuse treatment program and have for almost 25 years. I want to reinforce what was said by Mr. Muskee and some others on the panel that dealing with crystal meth and the treatment end is far different than anything that we've dealt with before.

We've seen the population of our treatment program change radically. Before where we would have the traditional alcoholic who might be middle-aged or a little older come in, who had some job skills and that could be treated in 28 days, now we're seeing a population who are in their early 20's and 30's and maybe early 40's who are so addicted that there's no way, as Ms. McCoy says, that a 28-day program is going to do anything but clean them up for 28 days.

In the testimony that we have submitted, we've mentioned a program called Bridges over America that was initiated by legislation in Florida and was passed in Florida, where the corrections facilities and treatment programs are now working together where an individual who was arrested will have an opportunity to have treatment for 18 months up to 2 years. Part of that treatment is education, part of it is rehabilitation, another part of it is to get them in the work force where they become a productive part of society, but the string is still there. And when they misstep one time, they get the other side of the coin, which is prison.

I am firmly convinced that we have built about as many prisons as we can afford to build. The cost between incarceration and treatment in comparison with incarceration is extremely high. What we're doing is incarcerating. We're not treating there. And I think we have to get the treatment aspect in with the incarceration.

And let me say one other thing, that I appreciate so very much these law enforcement officers. I spent a career in the Marine Corps, and I've also worked in law enforcement. I know what they're doing is very difficult, and I've wrassled a couple of meth users—or tried to wrassle them down. Sometimes it took three or four us to get them down. I know what it's like. I know what their job is like, but I also know that when we continue to get repeat offenders over and over and over again, through the judicial system, the system is not working. Thank you, sir.

Mr. HUTCHINSON. Thank you. Mayor. Thank you for being here.

STATEMENT OF JERRE VAN HOOSE, MAYOR, SPRINGDALE, AR

Mr. VAN HOOSE. Thank you-all for coming. Congressman Hutchinson and visiting congressmen from the great States of Tennessee and Ohio, we welcome you to Springdale for this very, very valuable and important hearing.

I served on the school board for 12 years here, and one of my most heartbreaking moments was when I had to sit in a hearing regarding the discharge of young students from our school for the use of these awful drugs. I'd just like to make one point. I heard the lady here speak about her use and the terrible death that was caused over in Oklahoma, and I remember back in 1968 or 1970

Sam Walton who was just thinking about his ideas, went to talk to the folks he was associated with at the time who franchise variety stores, and he laid before them his idea about discount merchandising. And they told him he was crazy. This was so different. You know what happened. It was different.

I hope as ya'll consider this legislation that you consider all you've heard today and have the courage to do something different, different based on some things you have heard here today. Sam Walton went and laid something different out, it had never been heard of, and maybe here today you've heard something that will inspire you to help us with this horrible problem. Thank you very much.

Mr. HUTCHINSON. Thank you very much. Thank you for your hospitality. Yes, sir.

STATEMENT OF LOU BRITTON, PSYCHIATRIST, CHARTER VISTA HOSPITAL

Mr. BRITTON. My name is Lou Britton, and I'm a general psychiatrist here in Fayetteville. Congressman Hutchinson and the distinguished panel, this is terrific that you're here and doing this. In the—I have a comment to a rhetorical question I guess. With the mini-thins and methenphedrine and Sudafed is still available over the counter, without a prescription, I have to wonder about the supply reduction when you walk into any convenience store, buy a box of it.

The second comment is of my last 100 general psychiatry admissions at Charter Vista, 47 percent of those were drug-related, alcohol, methamphetamine, cocaine, and prescription drugs, and combinations. Roughly half of my last 100 were drug-related. One half of those were methamphetamine. Of the one-fourth remaining, you really can't get a figure because it's mixed with other drug use, and you can't sort it out. I can detoxify these folks. I can make the treated people go away for a while, but then the work begins that Larry does and others of staying clean. There are several good medical studies that say treatment does work. Qualifier: Long term treatment works. It has to be long term. Thirty days is great, but it has to be long term.

The last question is who's going to pay for it? And incarceration is certainly the expensive way to pay for it. I could talk for the next 30 minutes on that, but I won't. Thank you.

Mr. HUTCHINSON. Thank you, Dr. Britton. Representative.

STATEMENT OF JAN JUDY, ARKANSAS STATE REPRESENTATIVE

Ms. JUDY. Thank you, Asa, for bringing everybody here. I appreciate you very much for coming here, and I want to thank you for all that you've done. This has been a great experience. This is an issue that has directly touched my life in that I have had a family member who got involved with methamphetamine, and also I've had employees at my restaurant who have been involved in it. I've been directly involved in these issues, and I have seen the paranoia and face that people will do anything to get a drug.

With my background in social work, I, of course, am coming from the prevention and treatment end of it. As a State representative,

I can't pass a law that's strong enough as far as being punitive, to lock up people or send them away that's going to solve this problem. We can't put enough people in law enforcement to arrest enough people. We are going to have to put the money into prevention and treatment.

And I do feel very strongly about that, and, again, I appreciate you coming here and listening to all this here today. Thank you.

Mr. HUTCHINSON. Thank you, Representative. Thank you for your work.

STATEMENT OF CHARLIE PROWDY, SAC OF ARKANSAS FBI

Mr. PROWDY. Mr. Congressman, and the committee members. I'm Charlie Prowdy. I'm the SAC of the FBI here in Arkansas, and I opted not to testify today because I've only been here a year, and I wanted Mike Smith, who has seen it firsthand for the last 10 years to testify. He has seen a lot and I think he has a lot of answers.

But I did want to take this opportunity to reinforce something that is a common theme of my fellow law enforcement officers today. I honestly believe that part of the solution here is additional resources, additional manpower, and Federal officers. I noticed in the bill that the DEA has additional officers. The FBI could use some more also. And money also. Money for overtime, for these State and local officers who are working on these task forces. These task forces have been very, very successful, and one of the ways of encouraging the formation of these task forces is to be able to pay these officers overtime. Also money for covert operations to fund undercover operations, to pay for paid informants.

Also, I believe that this HIDTA concept, there are many HIDTAs nationwide, but I think a HIDTA here in Arkansas would be very, very helpful in dealing with the problem. As you've heard from them today, we have some very committed, even passionate officers. I have very passionate officers in my office who work as hard as you ask them on this. We've had a lot of successes. We've been very productive in some of the cases that we've had which have addressed, as Mike mentioned, those individuals who are importing drugs, the criminal enterprises that are importing drugs from outside the State. And I think that's where we need to focus our resources. I think the HIDTA will help us do that.

I think if we OK additional resources, we're doing well, but I think additional resources will help us even more. Thank you.

Mr. HUTCHINSON. Thank you.

STATEMENT OF BEVERLY KIRK, CONCERNED CITIZEN

Ms. KIRK. Hello. How are we on time?

Mr. HUTCHINSON. We're still sticking to our 3 minutes.

Ms. KIRK. Okay. I've written this out so I don't forget anything. Thank you for hearing us today, gentlemen and ladies. I'm here today as both a concerned citizen and a—

Mr. HUTCHINSON. Could you identify your name, please?

Ms. KIRK. Oh, I'm sorry. My name is Beverly Kirk. I'm here today as both a concerned citizen and a mother of five grown children, four of them ages 18 to 24, a vulnerable age, and I'm afraid for all of our young people with this current problem.

I'm currently a University of Arkansas health and preventive medicine research student and a health journalist. It appears to me and probably most of you that incarceration is not a deterrent or an answer to this problem. I believe that our best approach is going to be a basic law of economics: Reduce the demand through education, and there will be no need for a supply. Prevention is the best approach. Avoidance must be our message, but Just Say No isn't working.

And I would like to propose three things. First, a required heavy duty educational program for our youth through the schools and also in rehab centers in the form of a video depicting exactly what is occurring in their bodies as a result of using speed in any form, including caffeine, which is often the gateway or entry level drug, I believe. All forms of speed affect the physiology in the same general way. A picture is worth a thousand words, and video is worth millions. Our children are becoming more health conscious, as our society is in general.

When I was in my mid 20's I was a 10 year tobacco user and was trying unsuccessfully to quit, a friend showed me several 8 by 10 color glossy photos of diseased lungs, and that did it. Here at the University of Arkansas we have two award winning documentary filmmakers that may be able to help us, and we have hundreds of microbiology and biochemistry departments at universities across the Nation that could also assist with actual microscopy videos showing what happens at the cellular level. An examination could be used to depict other processes.

Secondly, we could and should develop—

Mr. HUTCHINSON. You're going to have to move through these points very quickly. You've got about 40 seconds.

Ms. KIRK. Okay. We could and should develop public service announcements directed at parents regarding the affects of caffeine on children. You can walk into any fast food restaurant in this country and see very small children drinking caffeinated drugs.

And lastly, just last night on Nightline, they did a report on a long term study recently reported in the Journal of the American Medical Association. This is an important point. It is estimated that there are currently seven million children on medically prescribed hypotrophic drugs, mostly Ritalin, a stimulant, for hyperactivity, ADHD, which is probably more related to poor nutrition, poor parenting and absent parents, and in the same time period anti-depressants for teenagers doubled. As a society, we are using drugs in place of healthy basics. According to Dr. Gregg in the show last night, this is the worst epidemic that we've ever had from street drugs.

And I think it is an entry level situation. I believe this probably should be addressed and stopped. These are our doctors prescribing it. And money shouldn't be an issue here. If we have a worthy project like an educational video, we should be able to find corporate funding, like the building's foundation which is specifically designed for health and education efforts. And I thank you very much.

Mr. HUTCHINSON. Thank you. Could I see the hands of others who want to say a word. We have two, I think, so let's—three I see,

so if we could just do one or 2 minutes apiece, that would be helpful at this point.

STATEMENT OF CARY ANDERSON, COUNTY JUDGE, BENTON COUNTY, AR

Mr. ANDERSON. Very glad the three congressmen are here. I've listened very carefully. I did not intend to speak. When the mayor of—I'm Cary Anderson, Benton County Judge, but I'm more proud of the 38 years I was in education. When I heard the mayor of Springdale say that we've got to find something different, this is what I've been talking about for about—well, ever since I've been judge, because I teach in a—or I taught in a school very close to where our congressman from this area grew up. Small school of about 500 students. And I've had four students commit suicide, one shoot his grandmother, and he's in prison, another one help shoot a cop in Pineville. One had a gun the other night during Super Bowl—well, it's been a year now, and for some reason his best friend was killed.

I know the students quite well and the people quite well in that community. They have told me many things I don't think they would tell anybody else, but we're in trouble. And of some 50 seniors of that high school 90 percent are involved. Now they've been through counseling, they've been through all kinds of programs, it hasn't worked. We've got fine teachers, but it's not working.

So I just want to double echo, I don't know the answer, I'm putting together a task force. When the mayor said what he said, I just want to express, we've got to find something different than what we're doing.

Mr. HUTCHINSON. Thank you, Judge Anderson.

STATEMENT OF JODY WEICHE, CREATOR OF DRUG FREE CAUSE I WANNA BE

Ms. WEICHE. Thank you, Congressman Hutchinson, and panel, and the witnesses up there and the audience. Talking about something a little bit different. And I'm hearing that from the questions and the comments out here, there's no magic words and there's no, "abracadabra" and there's no "hocus-pocus" that's going to change all these losses into gains and all these failures into successes. However, we do know awareness is going to help. It's going to help. And we do need something different. And as the lady before me said, the "Just Say No" campaign is so negative. It's not positive.

The kids today, they're new kids. They need something to empower them, something to give them a reason, something that is Drug Free Cause I Wanna Be. It's open ended. It gives them a choice. It gives them their reason. And once the children of today, the young adults, all have their reason, for whatever reason it is, kids have all different reasons for not doing drugs, that's the most important part. We can have all the education, the clinics, the law enforcement, but until the kids have their reasons, and we reinforce it as adults, we've got to help them. Thank you.

Mr. HUTCHINSON. And I have really imposed on my colleagues here, and but we've got two more, and then we're going to conclude after that, and we'll leave the record open by unanimous consent

if anybody wants to submit additional testimony for the next 5 days. But go ahead, sir.

**STATEMENT OF RON CLARK, JUSTICE OF THE PEACE,
SPRINGDALE, AR**

Mr. CLARK. I'm J.P. Ron Clark, Asa, from Springdale, Arkansas. I'm on the quorum court of Washington County, and I would like to thank you and these members of the panel and everyone present here today.

We realize that we have a tremendous problem in Northwest Arkansas, and are trying to make means to move against the methamphetamine. We have had a series of speakers here locally at the Kiwanis club who have come every Thursday to share. I'm talking about like Judge Bill Story, I'm talking about Judge Stacy Zimmerman, and the one thing that I guess hits me, being married to a school teacher for 34 years, we're not talking about kids anymore that are 15 to 18, we're talking about kids that are 10 to 13. And it's really a severe problem.

And I know Larry has appeared before the quorum court, and we're going to try something in Washington County called a drug court for people who are on the bubble realizing that jail space is becoming a premium to try to put them into a treatment situation. And I know how hard his staff has been working to find funding for that program. So I hope that you gentlemen and ladies hear the message today loud and clear that, unfortunately, as you know, Congressman, it's money, money, money, and it has to come from taxpayers money, but I really think we have a problem here that we have to control.

I got a lot more I would like to say, but I'm going to close. I appreciate you being on time, so I won't hold you up. Thank you very much.

Mr. HUTCHINSON. Thank you, Ron. And last.

STATEMENT OF DON SEEMANS, SILOAM SPRINGS, AR

Mr. SEEMANS. Thank you. I'm Don Seemans from Siloam Springs. I taught school for 12 years. I've been preparing teachers at John Brown University for the last several years. Dr. Cary Anderson, Judge, has been an able cooperative teacher for many of our student teachers up at Decatur.

It seems to me that there are two main camps that are pulling for a piece of the pie, and that's law enforcement and the rehabilitation/education people. I appreciate the overtures that I've heard. We need teamwork. We've got to be committed to teamwork if we're going to have results because there's only so much money.

I understand what Mr. Hutchinson is saying about discouraging the use by increasing the risk of being caught and making the punishments tough, and I am fully convinced that unless a person hits bottom, and whatever that is bottoms are different for different people—but unless that person hits bottom, like the way Ms. McCoy did, rehabilitation is not going to work. She talked about her rehabilitation being free. I'm not sure exactly what you're talking about there, but if we could spend money helping people hit the bottom in their own mind, spend money on education, and have that education feature people that have been through situations

like Ms. McCoy's and that film that lady was talking about, then I think we'd be better off than spending a lot of money trying to rehabilitate people that haven't really in their own mind hit the bottom yet. I think it's a waste of money to do that.

Mr. HUTCHINSON. Thank you. Some of the best testimony has been from the panels as well as those members of the community who have testified here at the end. And I want to again thank Congressman Jenkins and Congressman Chabot for taking extraordinary time out of their schedules to join us here in Northwest Arkansas for this important field hearing. And with that, this hearing of the Subcommittee on Crime, will be adjourned.

[Whereupon, the subcommittee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE HEARING RECORD

CROSS COUNTY SHERIFF'S DEPARTMENT,
Wayne, AR, February 24, 2000.

Hon. ASA HUTCHINSON,
Committee on the Judiciary,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN HUTCHINSON: I received information concerning the plan to build at least four drug rehabilitation centers in the State of Arkansas.

I wholeheartedly support the idea of providing a rehabilitation center to assist persons with drug habits to get off drugs and began leadings full and productive lives. With this in mind I would support to the construction of drug rehabilitation centers if they were an alternative to incarceration in the Department Corrections with the following restrictions. to wit:

1. The rehabilitation centers would be a secure. residential living unit
2. The offenders would be sentenced much like the alternative sentencing in use now, in that they would be sentenced to a definite term in the rehabilitation center,
3. The program, would be for first offender drug users only, No manufactures or dealers would be allowed in the program.
4. The program would include further penalties such as imposed on inmates currently in the Arkansas Department of Corrections "Boot Camp"

Based on my experience in Law Enforcement over the years. I feel that this program would be extremely beneficial to both law enforcement and it's judicial system in the State of Arkansas giving persons with drug problems the help that they need and allow them to become self-sufficient and law abiding citizens.

If I can be of any assistance to you in this endeavor, please do not hesitate to contact me.

Sincerely,

RONNIE BALDWIN, *Sheriff.*

Lowell, AR, February 25, 2000.

Committee on the Judiciary,
House of Representatives, Washington, DC.

LADIES AND GENTLEMEN: Put yourself in the role of a parent with a child on meth. What would you do? Where would you turn?

Please remember that parents don't want, to turn their children over to the police for help and in most cases they won't. If they feel this is the only alternative, the child won't get any help.

I work at a job where I have first-hand information on the anguish that Meth is causing parents. I receive telephone calls from parents who suspect drug use by their children and don't know where to turn. I cannot over-emphasize the anguish and despair these parents feel. When realization hits that what they thought was normal teenage behavior turns into their teenager doing drugs, their feelings can be described as fright and despair. You expect your teenager to attend high school and get a diploma, and hopefully go to college. This doesn't happen when your loved one gets on meth. Meth and marijuana are destroying many of our young people from elementary through college.

Because I work in an alcohol/drug outpatient facility, my recommendation to the parents who call and ask "What can I do is:

1. Drug test your child. I suggest Medical Arts Lab on Sunset, which tests for \$25.00. Find out exactly what your child is taking, what is in their system.
2. Parents, educate yourself on the drug. Symptoms, treatment, facilities.
3. Enlist the services of a M.D. and/or counselor. Your teen may have to enter an intensive residential treatment program; he/she may have to move out of your home for 36 days and live in a treatment facility because of this drug.
4. Don't expect your school to do #1, #2, or #3 for you.

Help, Help, I need more resources. Many, many children are not being treated. Also, parents are afraid of drug dealers, and their child's friends who are doing drugs. Parents are very afraid of retaliation. Parents are not prepared to be warriors in the battle against drugs.

Sincerely,

JUDY BRANDT.

February 27, 2000.

DEAR CONGRESSMAN HUTCHINSON: After witnessing for prevention at U.S. House of Representative Judiciary Committee field hearing on methamphetamine my impression is the solution to addressing methamphetamine is an overwhelming subject for not only the representatives but the directors, treatment officials, law enforcement, and individuals at the table. As a prevention coordinator, I would like to reiterate that prevention is the solution, mainly ENVIRONMENTAL APPROACHES. This revolutionary approach is the only solution for this monster you call methamphetamine.

I have enclosed two eloquent attachments from Dr. Michael Klitner, Ph.D. and Dady Stewart and Maria Carmona. These documents are a small part of the Center for Substance Abuse Prevention's (CSAP) Training and Resource Guide entitled, "Environmental Prevention Strategies, Putting Theory into Practice." These documents logically express the "SOLUTION" your office needs to address this "MONSTER METH" problem in Arkansas. Information about this workbook with video can be obtained from Robert W. Denniston, Director, Secretary's Initiative on Youth Substance Abuse Prevention, CSAP, 5600 Fishers Lane, Room 900, Rockwall Building, Rockville, MD 20857. Phone (301) 443-2188, Fax (301) 443-7072, or email at rdennist@samsha.gov.

The only way to approach this nationwide, statewide and community problem is to work together. At the hearing, I heard all witnesses express somehow that they did not have the solution, here's the problem. An environmental approach addresses such "monsters" as methamphetamine by looking beyond the good-bad guy mentality and finding solutions that change the very fabric of our communities. This approach will work for Arkansas, for big urban areas, small rural areas, schools, churches, law enforcement, and families, you name it.

Prevention was mentioned at the hearings, but I want to stress that PREVENTION is the only solution for this and all other problems in our communities. Prevention will not exclude any part of our community, it relies on a continuum of all WORKING TOGETHER. Please, read the attachment and implement these strategies in our communities, families, and government. Our state is worth it!

Sincerely,

JEAN SACKMAN, *Prevention Consultant, Mother of Two.*

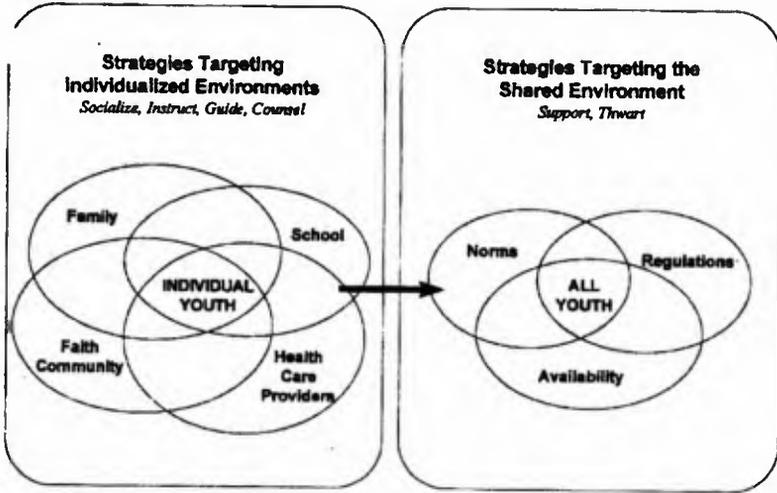
INTEGRATING ENVIRONMENTAL CHANGE THEORY INTO PREVENTION PRACTICE,

MICHAEL KLITZNER, A.D.

The Concept: Individualized and Shared Environments

One way to categorize prevention strategies is to consider those that attempt to alter the environments in which individual children grow, learn, and mature (individualized environments) and those that attempt to alter the environment in which all children encounter threats to their health-including illicit drugs, alcohol, and tobacco (shared environment). Much of what we have traditionally done in prevention is in this category.

Figure 1



As seen in figure 1, change agents in *individualized environments* may include families, schools, the faith community, and health care providers. Generally, strategies at this level seek to *socialize, instruct, guide, and counsel* children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, communicate rules and expectations, or provide specialized services to youth at high risk. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being.

But, what about that world? Figure 1 also represents the world in which children face and cope with health threats in the shared environment. The *shared environment* can be a neighborhood, town, city, State, or the Nation as a whole. Properly designed and managed, the shared environment can *support* healthy behavior and *thwart* risky behavior for all children, regardless of how well prepared they may be by their individualized environments.

Behavior-Shaping Factors in the Shared Environment

Three factors in the shared environment shape both positive (healthy) and negative (healthcompromising) behavior: *Norms, availability, and regulations*.

Norms are basic orientations concerning the "rightness or wrongness," acceptability or unacceptability, and/or deviance of specific behaviors for a specific group of individuals. For example, it is *wrong* for *anyone* to use illicit drugs; it is *okay* for *adults* to drink in moderation. Norms are the basis for a variety of specific attitudes that support or undermine the particular prevention strategies we may wish to implement. For example, a community norm that impaired driving is unacceptable under any circumstances will make it more likely that community members will adopt the attitudes that roadblocks are a good idea and jail time for first offenders is appropriate.

Availability can be defined in terms of how much time, energy, and money must be expended to obtain a commodity (alcohol, marijuana, cigarettes). The more resources required, the lower the availability.

Regulations are formalized laws, rules, and policies that serve to control availability and codify norms and that specify sanctions for violations. Regulations may be instituted by governments, public agencies (e.g., police departments, school systems), or private organizations (e.g., HMOs, hospitality establishments, convenience stores).

The probability of a health-compromising behavior is decreased to the extent that there exist regulations that discourage the behavior and norms that disapprove of the behavior, and when the commodities needed to engage in the behavior are not easily available. Thus, the probability that youth will use alcohol is reduced when

community members strongly disapprove of teen drinking (norms), when convenience stores regularly check IDs (availability), and when police policies support vigorous enforcement of underage sale and use laws (regulations). Conversely, the probability of healthy behavior is increased to the extent that there exist regulations that support the behavior, norms that approve of it, and when commodities needed to engage in the behavior are widely available. Thus, youth are more likely to seek safe transportation when riding with an intoxicated friend is seen as really dumb (norms), when public transportation is readily accessible and convenient (availability), and when taxi companies or buslines agree to offer free or reduced-fare rides to youth in need of safe transportation (regulations).¹

Norms, availability, and regulations are overlapping and interrelated. Availability is often controlled through the use of regulations. For example, a city may pass an ordinance (regulation) that bans cigarette vending machines and thus reduces the availability of tobacco to minors. Similarly, norms are often expressed through regulations. For example, society's belief that crack cocaine is more dangerous and destructive than powdered cocaine is expressed in differential mandatory sentences for violations involving these two substances. The norm in some communities that underage drinking is just "youthful highjinks" is expressed in a police policy of benign neglect toward minor-in-possession violations. In practice, almost all prevention strategies will have an impact on norms, availability, and regulations to a greater or lesser degree.

Maximal Impact: Achieving the Goals of the Secretary's Initiative

Strategies that address both individualized environments and the shared environment are important components of a comprehensive approach to prevention. However, the Secretary's Initiative necessitates a focus on the shared environment for three reasons: efficiency, immediacy, and maximal enhancement of local efforts.

Efficiency. Strategies directed at the shared environment are efficient because they affect every member of a target population. Removing dealers from street corners and training convenience store clerks to check IDs reduces the availability of illicit drugs and tobacco for all neighborhood youth, regardless of whether or not they are even aware that the strategies are being implemented. Even if the cost per dealer or clerk is high, the cost per child will still be low because there are many more children in a given area than there are dealers or clerks.

Immediacy. Many effective strategies aimed at individualized environments take years to bear fruit. Classroom programs for sixth graders may not affect tobacco use for several years. Education for parents of young children may not show an impact for even longer. By contrast, strategies aimed at the shared environment often produce rapid results. Enforcement of the minimum alcohol purchase age or increases in alcohol prices (manipulations of availability) can produce more or less immediate reductions in youth alcohol use. The Secretary has set ambitious goals that must be achieved in a short timeframe. Fast-acting strategies, such as those aimed at the shared environment, will be required to fulfill the Secretary's mandate.

Enhancement. Most communities already have a number of programs aimed at individualized environments. Improving and expanding these programs is an important priority for communities. However, many communities currently have little in the way of a coordinated approach to the shared environment to complement their individualized environment strategies. Thus, the Secretary's Initiative will emphasize strategies aimed at the shared environment as the primary means for enhancing communities' prevention efforts.

How Shared Environments Change: Norms, Regulations, and Availability Play Leap-frog

Norms, regulations, and availability are interdependent and mutually supportive; they constitute stable systems that are tightly interwoven. This means that a change in any one of these factors will cause changes in the other two (figure 2a). As norms (or availability or regulations) change, they tend to pull the other factors along with them. However, it appears that no one factor can change too much or too quickly. Moderating pressure from the other two factors will tend to attenuate too rapid or too drastic a change in norms, regulations, or availability (figure 2b).

¹ Some readers will recognize strategies aimed at the shared environment as what is called a "public health" approach to prevention. The same ideas underlie classic public health prevention strategies, such as sanitation to prevent water-borne diseases and draining swamps to prevent the spread of malaria.

Figure 2a

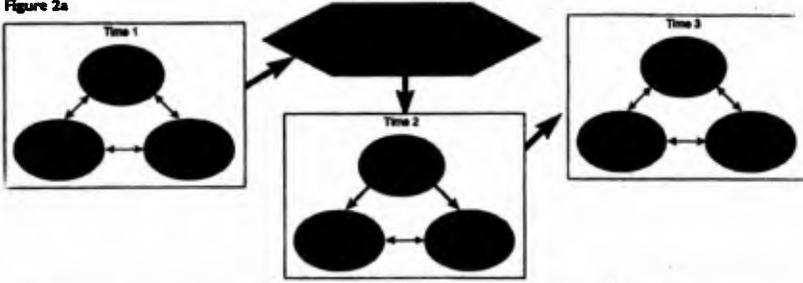


Figure 2b

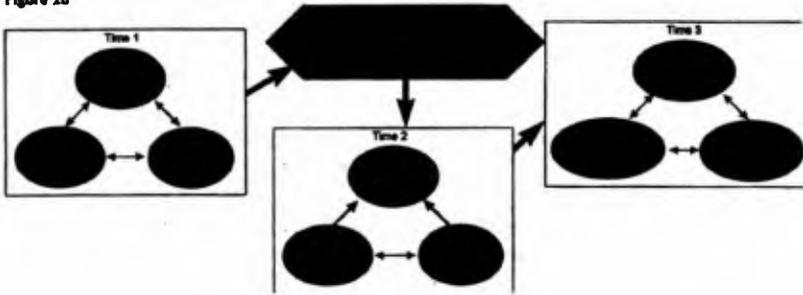
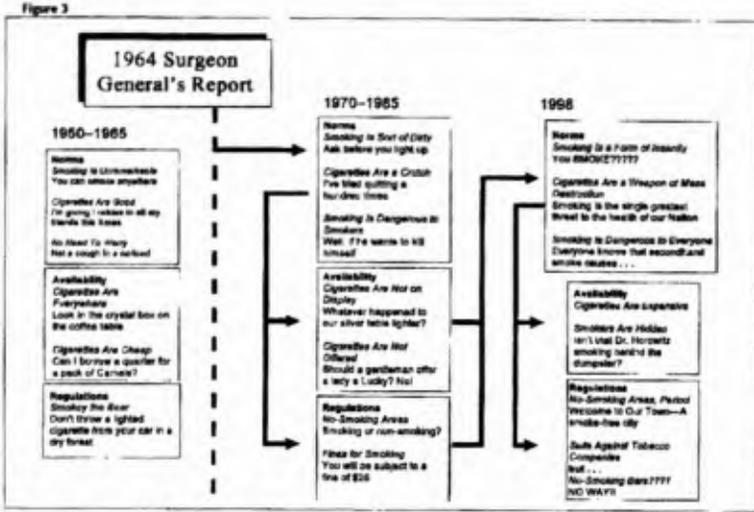


Figure 3 provides a mildly lounge-in-cheek example of how norms, regulations, drawn from our national experience with cigarettes. As can be seen in figure 3 the 1950's were a period when norms, regulations, and availability were all consistent with a national information with smoking. However, the 1964 Surgeon General's report, as well as other factors began to change norms and belief concerning the health risks and social desirability of cigarettes. These changes, in turn, affected availability and regulations during the seventies and eighties which, in turn contributed to the decidedly antismoking norms of the 1990's. Finally, these decidedly anti smoking norms contributed to the even more stringent regulations and restrictions on availability we observe today. Note however, that, even, in today's antismoking climate, it is possible to go too far. When California banned smoking in bars, the public reacted so strongly that the law was repealed. The change in regulation was simply too discordant with prevailing norms to be supported.

Developing Prevention Strategies for the Shared Environment

The above discussions suggest that the strongest prevention approaches will derive from considering norms, regulations, and availability as a package. A strategy aimed at any one of these components should be viewed as an entry point into a systems consideration of all three.

In some cases, all three components must be addressed for a strategy to work. For example, nuisance abatement statutes have been successfully used to clean up properties where drug sales occur (a reduction in *availability*). However, the ability to employ this strategy may depend on adjustments in community *norms* about the amount of government intrusion into people's lives that is appropriate. Statutes carry the potential for abuse by law enforcement, that statutes themselves may require reexamination before they are applied to reducing drug sales (*regulations*).



In other cases, all three components may not need to be addressed but should still be analyzed. For instance, in most American communities, antismoking norms would support first her restrictions on the availability of cigarettes to youth, and minimum purchase age laws for tobacco are already in place. However, before launching a campaign to enforce these laws more aggressively, citizens may wish to consider (1) whether antismoking norms are strong enough to countervails concerns about hurting businesses owned by friends and neighbors, (2) whether enforcement agencies have the resources and training to assist, and (3) whether other community factions (e.g., the hospitality industry) may resist and how they can be brought on board, and so on.

An understanding of the operation of and interrelationships among norms, regulations, and availability provides a powerful tool for planning and developing prevention strategies for the shared environment. Table 1 provides two examples of how such a planning tool might be applied. By constructing analyses such as those presented in table 1, communities can get a better idea of what is required to successfully implement any given strategy for the shared environment.

Table 1

Concerned Parent Groups/Safe Homes Conditions	Reinforces norms that parents can and should monitor children's partying	Underage youth should not have alcohol at parties Adults should not serve alcohol to underage youth in their homes	Police policy to investigate youth gatherings where underage alcohol use is suspected Social host liability	Pressure from parents on community alcohol outlets to check IDs	Highly motivated parent volunteers to organize and sustain effort
Citizen Surveillance	Reduces availability of illicit drugs by making neighborhood riskier for dealers	Community members are responsible for community well-being Illicit drugs are destructive to individual and community	Police policy to respond expeditiously to calls from community members	Dealers must keep moving around—possibly to less convenient locations. It is more difficult or expensive to sell.	Highly motivated volunteers to organize and sustain effort Communications and surveillance equipment

Specific Community-Level Strategies: Science, Logic, and Symbolism

A key component of the Secretary's Initiative is the application of prevention science at the community level: that is, the implementation of shared environment strategies that research has shown to be effective.

Strong scientific evidence supports a number of initiatives that communities can implement to reduce youth use of alcohol, tobacco, and illicit drugs. Strategies that

reduce availability of these commodities are particularly well supported by research. We will refer to these strategies as the *strong science-based* approaches. There are other strategies for which positive scientific evidence exists but which have not been as extensively or rigorously studied as the strong science-based approaches. We will refer to these as the *limited science-based* approaches.

It is the Secretary's hope that communities will rely heavily on the strong science-based and limited science-based approaches. However, two other types of shared environment approaches are also important for communities to consider. First are strategies that, although unresearched, are supported by a compelling logic. Thus, for example, logic suggests that the sale and consumption of beer in a roped-off and monitored area at a county fair will reduce the number of underage fair-goers who obtain alcohol. Of course, research would be required to determine with certainty that this strategy works and to explore possible untoward consequences (if any). But, until such research is done, communities may wish to consider such strategies based on their underlying logic. We will refer to such strategies as *logic-based* approaches.

Finally, there are strategies that logic or science suggest will probably have little if any effect. However, these strategies can serve a *symbolic* purpose by demonstrating community solidarity and resolve to address youth alcohol, tobacco, and illicit drug use. Such *symbolic* approaches would include marches, poster contests, distribution of T-shirts and bumper stickers, and telethons. It is important to note that, in some communities, a symbolic approach is all that can be agreed upon initially. However, such first steps can be crucial. For example, the tavernowners association may resist server training but agree to display youth-designed posters concerning underage sales in their establishments. In turn, this first step may lead to dialog concerning more substantive approaches.

Table 2 presents a variety of shared environment strategies for the prevention of youth alcohol, tobacco, and drug problems. The strategies are grouped into those that are science-based and those that are logic-based. Again, the Secretary intends that communities attempt to implement the strong science-based and limited science-based approaches. However, she recognizes that a comprehensive, community prevention effort can also include strategies that are logic-based and symbolic.

TABLE 2

Science-Based	Logic-Based
<ul style="list-style-type: none"> • Enforcing minimum purchase age laws • Controlling outlet densities • Raising prices • Server training • School Alcohol Policies • • • • 	<ul style="list-style-type: none"> • Keg registration • Safe Homes coalitions • Access control at community events • Parent and community groups • Police enforcement policies (e.g., warn and release) • • • •
<ul style="list-style-type: none"> • Citizen surveillance • Nuisance abatement • Needle exchange • Crackdowns on dealers • School drug policies • 	<ul style="list-style-type: none"> • Aggressive treatment of addicts • Safe Homes coalitions • Parent and community groups • •
<ul style="list-style-type: none"> • Enforcing minimum purchase age laws • Raising prices • Training merchants • Establishing school tobacco policies • • • • 	<ul style="list-style-type: none"> • Cessation programs • Safe Homes coalitions • Police enforcement policies (e.g., warn and release) • • • •

ENVIRONMENTAL PREVENTION STRATEGIES: EVIDENCE OF EFFECTIVENESS

KATHRYN STEWART AND MARIA G. CARMONA

Strategies focused on the shared environment are appealing conceptually.

- They are based on the fact that behavior is powerfully shaped by the environment;
- They are designed to change the physical, legal, economic, and social processes of communities in ways that are associated with substance use;
- They use public policies (laws, rules, regulations) and community-level interventions that can affect whole populations.

Table 1 give examples of environmental policies designed to

1. limit access to substances;
2. influence the culture and contexts of use, and
3. prevent the negative health consequences of use.

Table 1. Examples of Environmental Policies for Alcohol, Tobacco and Illicit Drugs

Examples of environmental policies to limit access			
Purchase laws	Minimum legal drinking age for purchasing and consuming alcohol	Youth access laws prohibiting retail sales of tobacco to minors	Laws prohibiting possession and use
Price controls	Sales taxes; bans on drink discounts and other price specials	Excise taxes; bans on rebates after purchase	Using supply reduction efforts to drive up drug prices
Restrictions on retail sales or sellers (number, location, density, days and hours of sale)	Ordinances establishing minimum distance between outlets and schools and churches	Limits on the number of tobacco vendor licenses	Civil actions to eliminate places where drugs are sold (e.g., drughouse abatement); physical barriers to sales (gates, increased lighting)

Table 1—continued

Environmental policies to influence the culture and contexts of use			
Legal deterrence	Lower blood alcohol concentration for young drivers; administrative license revocation for driving under the influence	Fines for selling tobacco to minors; media advocacy efforts to increase vendors' perceptions of risk of apprehension	Use (drugs)-Loss (driver's license) laws for youth; workplace drug testing; asset forfeiture
Controls on advertising and promotion	Bans on alcohol sponsorship of sporting and cultural events; advertising restrictions	Surgeon General's warning on cigarette packs; restrictions on distribution of free samples and coupons	Public service announcements regarding hazards associated with drug use
Environmental policies to reduce negative consequences of use			
Measures that reduce consequences of excessive use	Safe rides for intoxicated patrons; nonbreakable drinking glassware	Designated nonsmoking areas to reduce nonsmokers' exposure to secondary smoke	Distribution of bleach for disinfecting drug paraphernalia
Substitution of less damaging products	Low alcohol beer	Low-tar and self-extinguishing cigarettes	Methadone maintenance

The most compelling argument for using environmental strategies is that *they work!*

Table 2 shows the range of effects that have been found as a result of a variety of environmental strategies.

Table 2. The Prevention Effects of Environmental Strategies

Price controls	?	?	?	?	?	?
Density restrictions	?	?		?	?	?
Minimum purchase age laws	?	?		?	?	
Impaired driving laws		?	?			
Restrictions on use	?					
Selling/serving controls		?	?			
Counteradvertising	?					

¹ violent or assaultive offenses = rape, robbery, assault, and homicide

² cancer or cirrhosis mortality

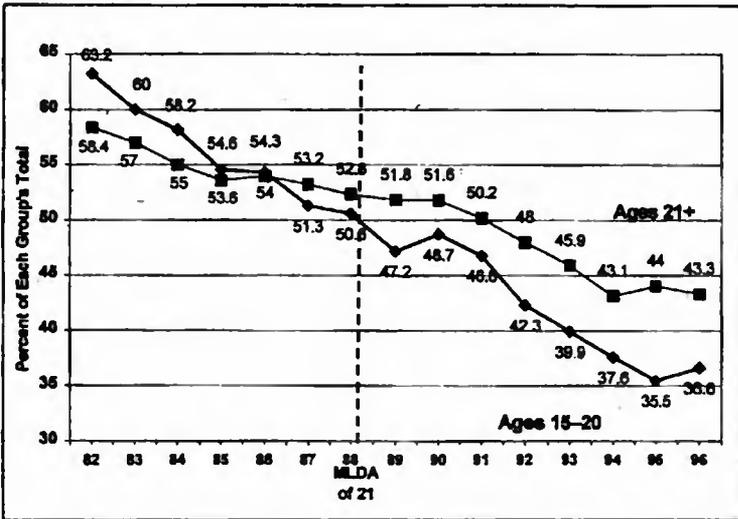
³ rapes and robberies

⁴ youth homicide

⁵ effects for tobacco only

Figures 1 and 2 show the lifestyles effects of one of the most comprehensive environmental changes raising the minimum purchase age (MLDA) for alcohol to 21 across the nation.

**Figure 1. Youth vs. adult motor vehicle fatalities:
Alcohol-related percent of each total**



**Figure 2. Cumulative estimated number of lives saved by
minimum drinking age laws, 1975-1996**

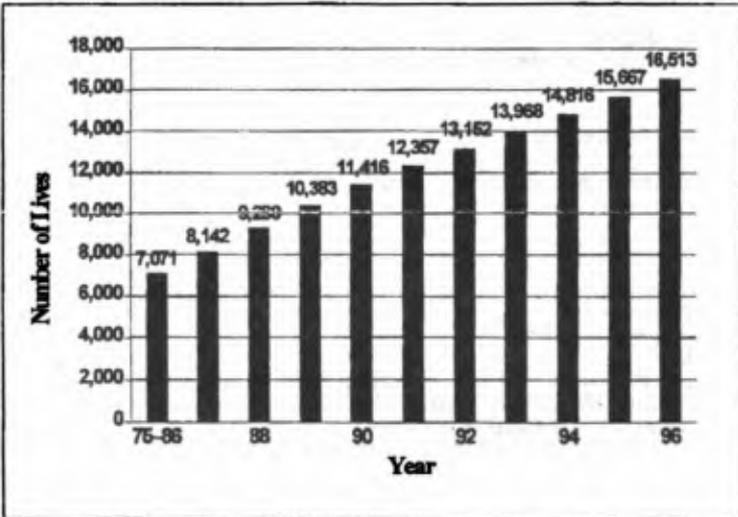
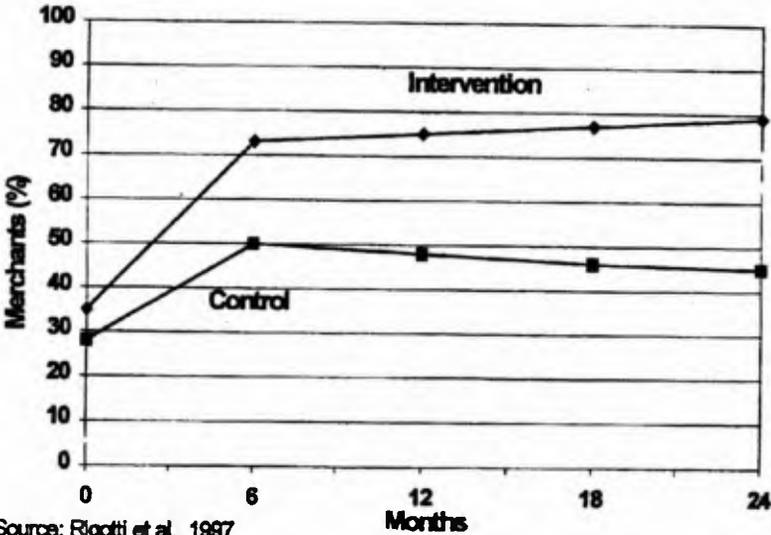


Figure 3 provides an example of the effects of other type of environmental approaches, such as increased enforcement. As can be seen in the figure, only about 35% of merchants refused to sell tobacco to minors before the environment intervention. Where enforcement occurred, 80% of merchants refused to sell to minors.

**Figure 3. Enforcement of minimum purchase age laws—tobacco
Refused to sell to minor**



These are just a few examples of the kinds of dramatic prevention effects that can result from the implementation of environmental strategies. Broader and more vigorous application of these strategies can prevent health and social problems and save lives.

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CITY OF SPRINGDALE
POLICE DEPARTMENT,
Springdale, AR, February 19, 2000.

Hon. ASA HUTCHINSON,
United States Federal Building
Fayetteville, AR.

CONGRESSMAN HUTCHINSON: I am submitting to you a written testimony at your invitation concerning the current methamphetamine epidemic we are experiencing in our area. I appreciate the opportunity to express my views and the problems we have been dealing with as a result of this problem that has been sweeping the country. It is my hope that these field hearings will be productive and assist Congress in assisting law enforcement all over the country in combating this problem.

I'm sure as you well know, the history of methamphetamine and its production started in southern California with the outlaw bikers gangs (namely the Hell's Angels). It slowly found its way east into Arizona and finally into the Midwest. We have been battling methamphetamine here since 1987. The problem is nothing new to us. I have officers that worked narcotics in the late 1980's before it became politically correct. A large majority of those cases were methamphetamine distributors and producers.

Of those producers that were investigated and arrested, all were utilizing the P2P method which was made popular by the Hell's Angels. As time passed, the producers became more educated and other methods have surfaced. With the help of the

Internet, ANYONE can produce this poison using the ephedrine reduction method as well as other dangerous methods. This area has seen methamphetamine AND methcathinone producers since 1987. The largest methcathinone laboratory seized to date in the United States was seized in rural Benton County in 1995-96 by the Fayetteville, AR DEA Office. A distinction I'm not sure this area should be proud of.

Due to the combination of rural/urban area, we have the unfortunate distinction of being popular with the producers. Being in an urban area where precursors are easy to find and obtain coupled with the rural areas so close in proximity has made law enforcement's job much tougher when it comes to locating and investigating these laboratories. It has also greatly increased the number of producers. In 1995 it was still a "big deal" to work a clandestine laboratory. Now, it is routine and everyday news. In the past, all of the departments in this area would call the Drug Enforcement Administration Task Force in Fayetteville when they had a laboratory case that needed to be investigated. The clean up is very expensive and the only way DEA would foot the bill was if their organization was involved in the case. Now, it is so overwhelming that the office has trained local officers in the area to properly investigate and process these dangerous hazards so they do not have to be bothered. Our beautiful area is being constantly damaged and even destroyed by the producers. Just stop to think—for every laboratory that IS seized and disposed of properly, there are at least two that have not been located and are being dumped in our forests and woodlands. They are slowly destroying our land, ecosystems and polluting our "home."

The "mom and pops" labs are abundant in this area and present a dilemma because the finished product stays in the area and is not transported out (as compared to the Mexican National producers). Most of these producers are natives and have roots here. Therefore, they already have a somewhat "established" distribution process.

Since 1997, a new twist to this problem has arisen. With the large influx of the Mexican National population into this area, a new distribution conduit has been created. Almost all distribution is now being controlled by the Mexican National population. Speaking to the narcotics investigators and prosecutors working in this area will tell you that almost all of the cases they work anymore are on Mexican Nationals. Any large seizures or distribution organizations they investigate are on Mexican Nationals. In southern Arizona, the Mexican methamphetamine organizations investigated there are violent. The Drug Enforcement Administration even had an agent murdered by one of them. That has not occurred here yet but who is to say it won't if we do not get proactive. Information from the California Bureau of Narcotics states that Mexican Nationals have refined the ephedrine method for methamphetamine production and they have not only become efficient at it, they are organized and creative. The production organizations have people assigned to different tasks. From obtaining precursor chemicals, obtaining other clean lab equipment and locating and choosing an adequate site to guarding the site during production.

The methamphetamine distribution has already been commandeered by Mexican Nationals. If the Mexican producers become entrenched here, the problem will become unmanageable. This is not meant to be an attack on the Mexican National population. Everything stated above is fact. And the fact is, the distribution of methamphetamine in Northwest Arkansas is controlled by Mexican Nationals and it stands to reason that production organizations may establish themselves here in the future. That is a possibility we need to consider.

I would like to address possible solutions. The first is funding of a High Drug Trafficking Area (HIDTA) Task Force out of the Fayetteville, Ar, DEA Office. Since the influx of Mexican National distributors and the increase in cases (plus the increase in the size of drug seizures) this task force would assist in combating the war in several ways. Manpower being the first concern, more investigators that are bilingual and educated in the cultural ways of the Mexican Nationals are a necessity. Next would be updated equipment that could be utilized to assist in long term investigations of distribution organizations. This would include investigations into financial realms for seizures as well as money laundering. Equipment that can be utilized to assist and enhance short range and long range surveillances that are necessary with Title Three investigations.

These are just a few ideas that can be considered. Thank you for the opportunity to express my opinion and address the problem we are all facing TOGETHER.

Respectfully Submitted,

MICHAEL BLOCKER, *Chief.*

ADDITIONAL TESTIMONY OF CINDY MCCOY

I don't know if I can stress enough that the addiction to the drug meth is a disease. The following describes addiction from the Book of Narcotics Anonymous. It describes the way meth addicts feel and act. I do not know of one person who didn't feel the following.

Meth is a disease that involves more than just trust. It expresses itself in ways that are anti-social and makes detection, diagnosis and treatment difficult. Our disease isolates us. Treated as a crime or a moral deficiency. We manipulated people and tried to control people around us. We lied, stole, cheated and sold ourselves. Failure and fear began to invade our life. An inability to deal with life on life's terms. We wanted an easy way out. Our track record shows it is impossible for us to use successfully. Like other incurable diseases, addictions can be arrested. Many drugs require no extended period of use to trigger allergic reaction.

We became two people Dr. Jekyll and Mr. Hyde. We were persons of our own mind and were condemned by our guilt. Denial kept us sick. Addiction is not a hopeless condition. Covering our feelings. Helpless, emptiness and fear. Dishonest, deceitful, self-willed people. We lived in prisons that we built with loneliness. We are physically, mentally, and spiritually bankrupt. Addiction is a physical, mental and spiritual disease that effects every area of our lives. The physical aspect of our disease is the compulsive use of drugs: the inability to stop using once we have started. The mental aspect of our disease is the obsession, or overpowering desire to use. The spiritual part of our disease is our total self-centeredness. Denial, substitution, mistrust of others, guilt, embarrassment, derelict, degradation, isolation and loss of control are the result of our disease. Our disease is progressive, incurable and fatal. Body mind and spirit was dominated by drugs. Trapped by our need for instant gratification, experts at self-deception and rationalization, addicts tend to lead secret lives. Rebellion is a character defect. Our disease controlled our lives. Dishonest, close mindedness and unwillingness are three of our greatest enemies. Self obsession is the core of our disease. If we allow ourselves to stagnate and cling to fatal cool, we are giving into our disease. In our addiction we placed personal desires before anything else. The need to prove self sufficiency. By nature we are strong willed and self centered people. We are mismanagers and not one of us is capable of consistently making good decisions. In our addiction we were dependent on people, places and things. Money has always been a problem for us. We never had enough to support ourselves or our habit. We worked, stole, conned, begged and sold ourselves. There was never enough to fill the emptiness inside. Not taking care of our personal affairs lowers our self esteem and establishes a pattern that repeats itself in all areas of our lives. Obsessive behavior is a common detonator for addictive people. Part of our addictive pattern is that we can never get enough. Self will lead us to make decisions based on manipulation, ego, lust or false pride. We don't like being wrong. Our ego tells us we can do it on our own. But loneliness and paranoia quickly return. There is something self destructive in our personality that calls for failure. Most of us feel that we do not deserve to succeed. Self pity is the most destructive of defects, it will drain us of all positive energy. We focus on anything that isn't going our way and ignore all the good in our lives. We must relearn many things that we have forgotten and develop a new approach to life if we are to survive.

In our disease we are dealing with a destructive power greater than ourselves that can lead to relapse. Our disease is so cunning it can get us into impossible situations. We will never fully recover. The disease will manifest its symptoms in us. Denial returns along with obsession and compulsion, guilt, fear, remorse and pride, which become unbearable. Isolation is dangerous to spiritual growth. As we grow we learn to overcome the tendency to run and hide from ourselves and our feelings. Being honest about our feelings helps others to identify with us. When we feel trapped and pressured it takes great spiritual and emotional strength to be honest. Using addicts are self-centered, angry, frightened and lonely people. While using, we were often dishonest, self-seeking and institutionalized.

We eventually have to stand on own feet and face life on life's terms. So why not from the start? For us addiction is an obsession to use the drug that is destroying us, followed by the compulsion that forces us to continue. We were not oriented towards fullness, we focused on the emptiness and worthlessness of it all. We could not deal with success, so failure became a way of life. Addiction and withdrawal distort rational thought. We realize that old feelings and fears are the symptom of our disease. We cannot deal with obsession and compulsion. Our own self-will leads to many problems in recovery. We want and demand that things go our way. We recognize that we are human with a physical, mental and spiritual sickness. We came to Narcotics Anonymous knowing very little about how to be happy and enjoy life.

Ego controlled us in all sorts of ways. Anger is our reaction to our present reality. Resentment is reliving the past experiences again and again. Fear is our response to the future. Part of the pain is cut away share. If we are unwilling to listen to others, we will deny our need to improve. As addicts we are skilled at self deception. Our minds manufacture additional pain. Higher mental and emotional functions, such as conscience and the ability to love were sharply affected by our drug use. Living cells were reduced to animal level. Our spirit was broken. The capacity to feel human was lost.

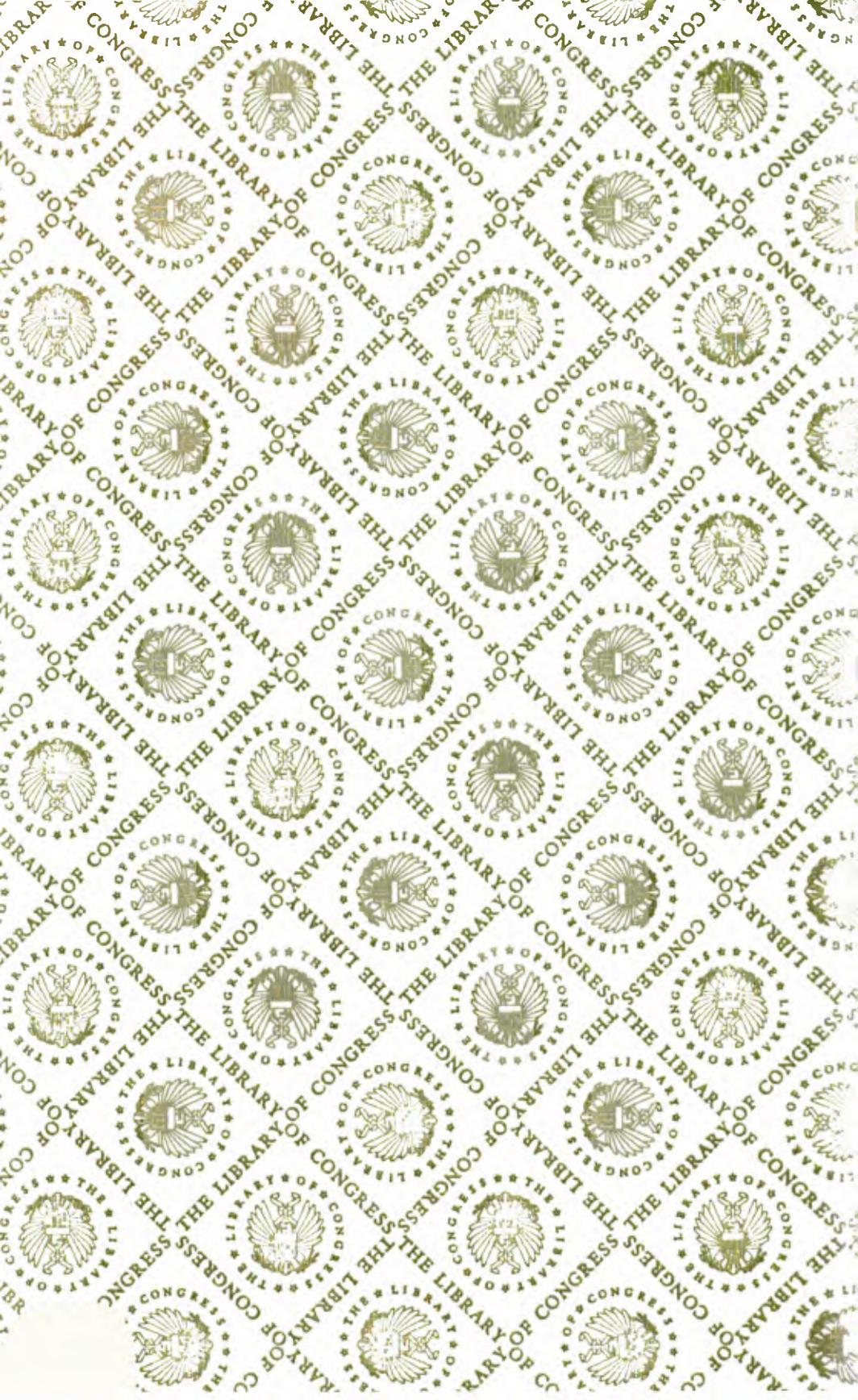


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