

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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