

Methamphetamine Abuse in Iowa

**A Report to the Legislature
by Gary W. Kendell
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January 19, 2007**

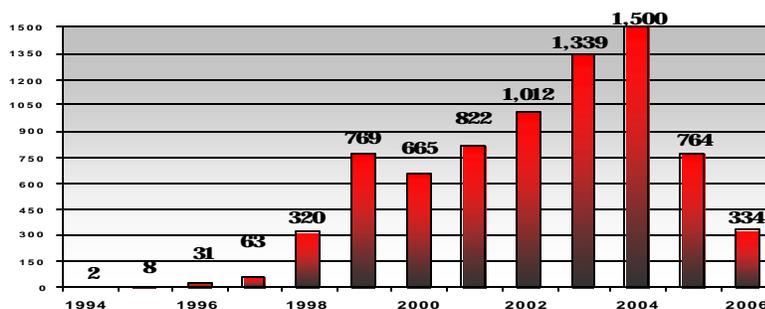
This second, and final, report is respectfully submitted to fully satisfy the following Senate File 169 requirement, as approved by the 2005 Iowa Legislature: "The Drug Policy Coordinator shall report, in a joint meeting, to the Committee on Judiciary of the Senate and the Committee on Public Safety of the House of Representatives in January 2006 and in January 2007, the effects of this Act on methamphetamine abuse and related criminal activity."

(*Please note that impact data contained in this document have been updated since the initial 2006 report, and are based on the most recent information available to the Governor's Office of Drug Control Policy.)

Senate File 169—unanimously approved by the Legislature, signed into law by Governor Vilsack, and implemented May 21, 2005—classified the key ingredient used to make methamphetamine (meth) as a Schedule V Controlled Substance. Commonly referred to as Iowa's pseudoephedrine (PSE) control or meth lab reduction law, this statute removed all cold and allergy products containing PSE from store shelves and placed the vast majority of them behind the pharmacy counter to be dispensed on a controlled non-prescription basis.

Iowa Meth Lab Incidents, by Calendar Year

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



In short, SF 169 continues to work as intended by the Legislature to curb volatile meth labs in Iowa communities. The meth lab problem has greatly improved over the last year and a half, but it appears the rate of curtailment has hit a plateau. For purposes of this report, and unless otherwise noted herein, the term *meth lab* refers to all types of meth lab incidents (e.g., active labs, chemical/glassware sites and dump sites). Details are provided herein.

While SF 169 appears to have dealt the single largest blow to meth labs in Iowa over the last 19 months, other contributing factors have played supporting roles. Since the first follow up report to the Iowa Legislature on SF 169 in January 2006, the following developments have occurred:

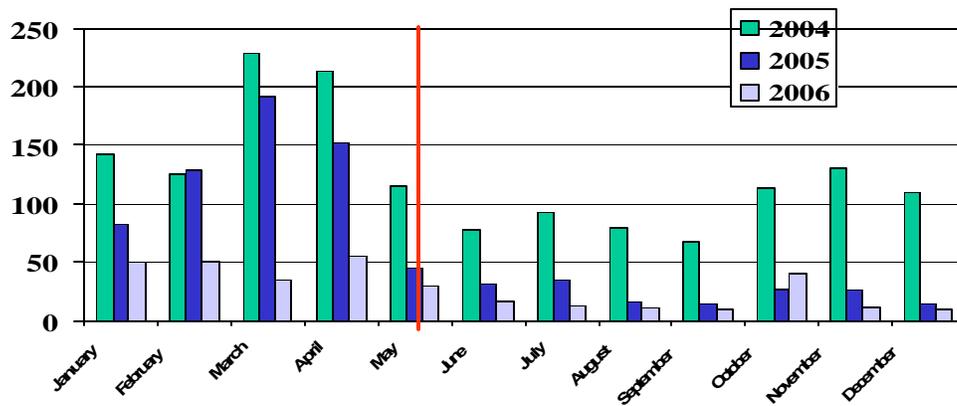
- Congress passed the Federal Combat Methamphetamine Epidemic Act, placing pseudoephedrine controls similar to those in Iowa on states with less restrictive or non-existent laws. [signed into law March 9, 2006]
- Additional cuts in Federal grants reduced support to Iowa's multi-jurisdictional Drug Task Forces. [effective July 1, 2006, and additional cuts anticipated July 2007]
- Virtually all of the remaining meth labs in Iowa reportedly used pseudoephedrine purchased from pharmacies. Oklahoma becomes the first State to link pharmacies with a real-time electronic network to block/prevent illegal pseudoephedrine purchases.
- The Iowa Crime Lab reported a continued increase in the proportion of crystal meth (or "ice") being smuggled into the State. "Ice" is much purer than powdered meth.
- Anhydrous Ammonia tank locks continued to be effective in preventing thefts of the fertilizer by meth makers, and Iowa State University scientists developed a "chemical lock" to further reduce Anhydrous Ammonia thefts and meth labs in Iowa and other regions of the U.S.
- The U.S. Drug Enforcement Administration launched a national on-line meth lab site registry (www.dea.gov/seizures) so that individuals can be aware of possible meth contaminated sites within their communities. [effective December 5, 2006]

Fewer Meth Labs = Greater Safety

SF 169 continues to have a profoundly positive impact on reducing meth labs and associated hazards, and consequently improving the level of safety in communities throughout Iowa. As illustrated below, meth labs have dropped precipitously from the high-water mark in 2004 (the year before passage of SF 169) through 2006 (the first full year after enactment of SF 169). In 2006, preliminary reports of Iowa **meth lab incidents totaled 1,166 fewer** than in 2004.

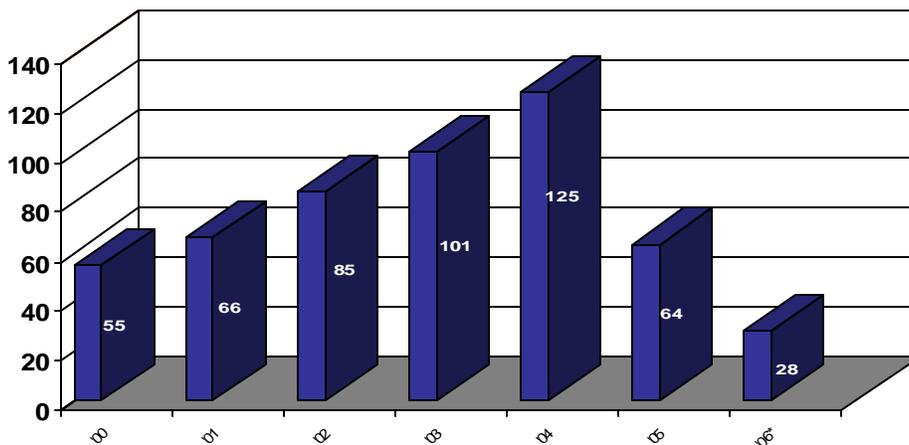
Iowa Meth Lab Incidents, by Month

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



Iowa Meth Lab Incidents, Monthly Averages

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement

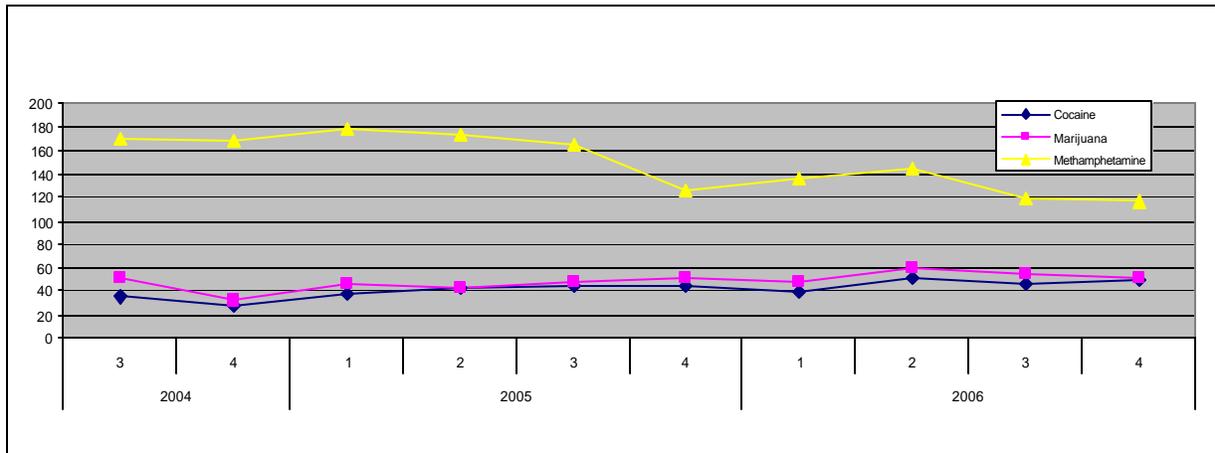


The 28 meth labs per month average in 2006 represents a nearly **78% reduction in Iowa meth labs** compared to the 125 meth labs a month recorded in 2004, and only a slight change from the 80% rate of reduction reported one year ago.

For the first time in many years, justice officials report a modest decline in drug-related prison admissions in Iowa over the last two years. While no one factor can be cited for this development, some of the recent declines correspond with the reduction in meth labs, and consequently fewer meth manufacturing and precursor charges/convictions.

Drugs Involved in Prison Commitments, by Quarter

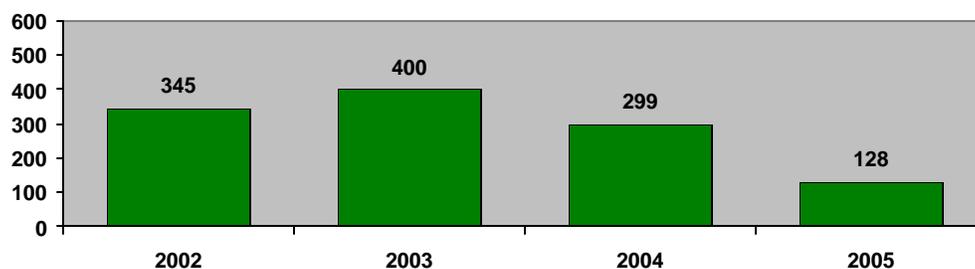
Source: Iowa Department of Human Rights, Criminal & Juvenile Justice Planning Division



Fewer meth labs also mean less danger for children. Since 2003, the Iowa Department of Human Services has reported a decrease in confirmed child abuse cases involving meth manufacturing in the presence of a minor. The biggest decline—a 57% drop—came in 2005, and DHS Director Kevin Concannon credits SF 169 as one of the reasons for it.

Meth Manufacturing in the Presence of a Minor: Child Abuse

Source: Iowa Department of Human Services



Still, many Iowa children are negatively affected by meth. DHS case worker Carol Gutchewsky has conducted a snapshot study in a 16-county area of Southwest Iowa three times over the last four years, finding that nearly half of all Child In Need of Assistance victims were exposed, not only to meth *labs*, but to other forms of meth-related *abuse*.

Child Abuse-Meth Connection in Southwest Iowa

- August 2003 = 49%
- August 2005 = 49%
- August 2006 = 46.7%

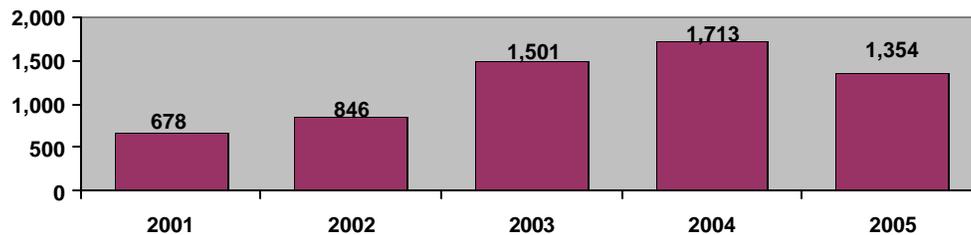
Even though the slight decline in meth-related child abuse in this study is encouraging, the results illustrate how meth *distribution* and *use* continue at high levels in Iowa.

Largely in response to the meth-child abuse connection, ODCP has assisted with Federal grants to mobilize “Drug Endangered Children” (DEC) teams in 15 communities over the last two years, as a collaborative rapid response mechanism for rescuing and treating drug-affected children. Richard Early is Iowa’s new DEC coordinator, and is located in the office of Attorney General Tom Miller.

Of course, Iowa’s drug problem is more than meth labs, or even meth. DHS still reports a significant number of child abuse cases in which testing has found illegal drugs—including methamphetamine—present in a child’s body.

Illegal Drugs in the Body of a Minor: Child Abuse

Source: Iowa Department of Human Services



One of the most immediate effects of SF 169 on community safety was the reduced threat of injury due to fire, explosion, respiratory distress and other hazards posed by meth labs and their toxic cocktails.

A case review by Clinical Research Assistant Bridget Burke of adult patients testing positive for methamphetamine use who were treated for burns at University of Iowa Hospitals and Clinics reveals an 84% decrease in the estimated cost of meth-related burn treatment for the period June 1, 2005 through May 31, 2006, compared to the period June 1, 2004 through May 31, 2005.

State Fiscal Year [June 1-May 31]	Meth + Patients Treated for Meth Lab Burns	Meth + Patients Treated for Other Meth Burns	Total Meth + Burn Patients Treated	Total Estimated Cost of Burn Treatment
2005 [pre-law]	6	4	10	\$3,080,400
2006 [post-law]	3	3	6	\$501,376
Change '06 vs. '05	-3 (50% less)	-1 (25% less)	-4 (40% less)	-\$2,579,024 (84% less)

Essentially, these data provide a “before” and “after” look at meth-related burn care caseloads and costs one year prior to enactment of SF 169 vs. one year beyond the law becoming effective.

Consistent with the types of changes shared in last year’s report, **the modest reduction in meth-related burn cases translates into a large savings of over \$2.5 million a year in associated treatment costs** (only one patient during the two years shown had insurance), thereby freeing up resources—many of them public funds—to address other medical needs.

By the Summer of 2007, and with the assistance of special Federal grants, the Governor's Office of Drug Control Policy anticipates providing valve locks to secure anhydrous ammonia nurse tanks in virtually every county. Anhydrous Ammonia is often a target of meth cooks, because the fertilizer is used in the meth manufacturing process. Sheriffs' offices have been partnering with ODCP to distribute the locks to agricultural retailers for their voluntary participation in installing the devices.

With the recent announcement of a chemical inhibitor that renders Anhydrous Ammonia ineffective in producing meth, agricultural retailers now have the added option of a "chemical lock" to deter the theft of Anhydrous Ammonia from nurse tanks for the purpose of making meth. The chemical additive—Calcium Nitrate—**can reduce the yield of meth converted from pseudoephedrine from 42% to about 2%**, and is another tool for preventing meth lab activity.

The full environmental effect of meth labs on Iowa's air, water and land remain unclear. One of the few studies conducted, by National Jewish Medical Center, found surface contamination during, and up to 48 hours after, an active "cook." Beyond that, scientific research on long-term effects is lacking.

During 2006, the U.S. House passed a Meth Remediation Research Act (HR 798) to establish Federal health-based standards for assessing and cleaning up meth lab sites. A Senate version of the bill (S 2019) stalled in the other chamber late in 2006. ODCP supports this measure, and will continue to urge its approval.

As successful as Iowa's battle against meth labs has been, a significant new challenge continues to emerge. The vast majority of the meth used in Iowa has always come from outside of the State, primarily from the Southwest area of the U.S. and Mexico. Until recently, nearly all of the meth smuggled into Iowa or homemade in small labs was in the form of a powder. In 2005, what many agencies call the "ice storm" began hitting the State. "Ice," or crystal meth, is a much more potent form of the synthetic stimulant.

"Ice" trends in Iowa over the last three years have an eerie resemblance to the explosion of meth labs in our State in preceding years, before their recent decline. In fact, the two different types of meth seem to have an inverse relationship. **As meth labs drop, the prevalence of "ice" rises.**

Iowa Meth Item Numbers/Types Analyzed by Crime Lab

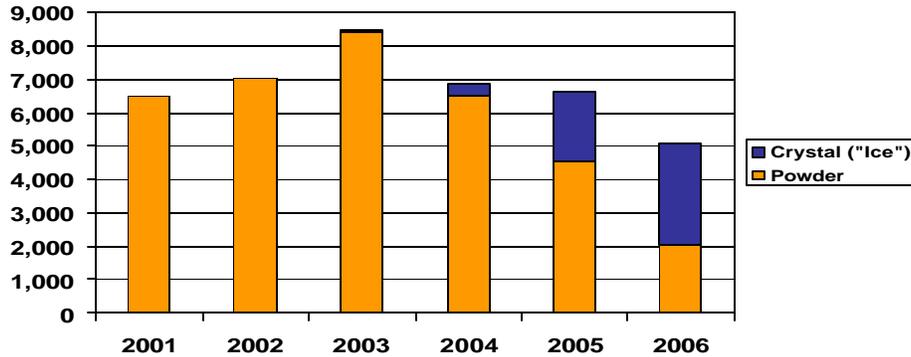
Source: Iowa Department of Public Safety, Division of Criminal Investigation

Year	Crystal Meth/"Ice"	Powdered Meth	Average Meth Purity
2001	1	6,488	27%
2002	3	7,031	27%
2003	24	8,444	23%
2004	333	6,509	33%
2005	2,025	4,572	54%
2006	3,019	2,070	39%

As shown in the table above and chart below, lab analysis by the Iowa Department of Public Safety's Division of Criminal Investigation confirms the recent supply shift to the purer type of meth that is produced elsewhere and smuggled into Iowa.

Iowa Meth Item Numbers/Types Analyzed by Crime Lab

Source: Iowa Department of Public Safety, Division of Criminal Investigation



The U.S. Drug Enforcement Administration defines “ice” as crystal meth with a purity of at least 80%. Much of the crystal meth found in Iowa has been dubbed “dirty ice,” because its purity ranges between 50% and 90%. Regardless of definition, almost all of the crystal meth is purer than its powdered counterpart. And the purer the drug, the more addictive it can be for its users.

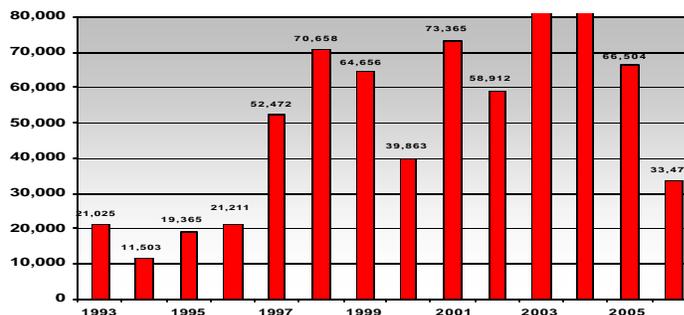
SF 169 does not begin to address this new, and disconcerting, development that could lead to increased use, more crime and additional harm to otherwise innocent victims.

Reversing this trend requires a continuation of effective prevention techniques, additional treatment resources, a restoration of local and state enforcement efforts via multi-jurisdictional Drug Task Forces, and a recommitment of federal drug enforcement and interdiction forces to disrupt foreign drug supplies and dismantle Drug Trafficking Organizations.

As the charts below show, the squeeze on Iowa meth labs has contributed to a drop in the amount of meth seized and the number of meth arrests. However, cocaine and marijuana activity has increased.

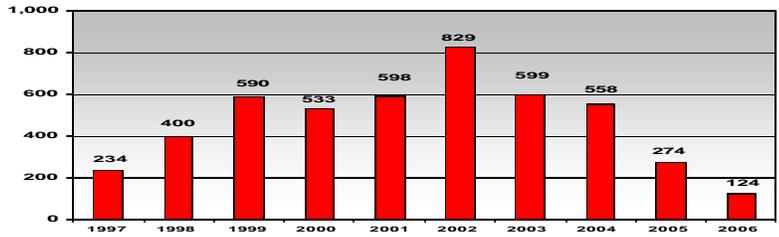
Iowa Meth & Amphetamine Quantities Seized, in Grams

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



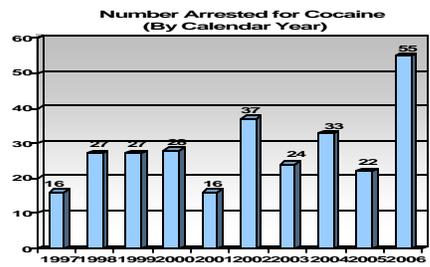
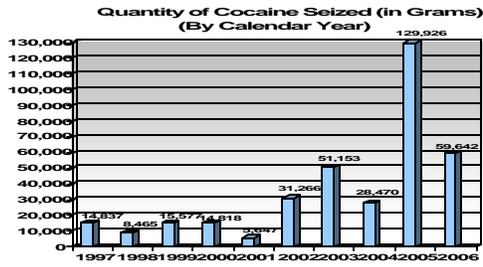
Iowa Meth & Amphetamine Arrests

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



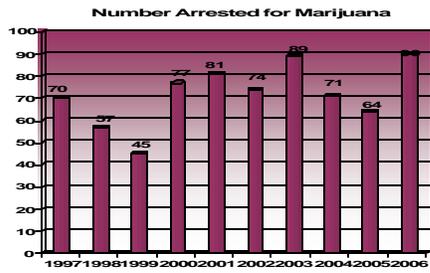
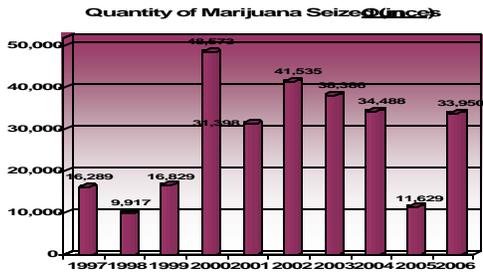
Iowa Cocaine Seizures & Arrests

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



Iowa Marijuana Seizures & Arrests

Source: Iowa Department of Public Safety, Division of Narcotics Enforcement



Other possible explanations for the recent changes in illegal drug enforcement activity reported above include a heightened emphasis on major Drug Trafficking Organizations and a reduction in Federal funding to Drug Task Forces.

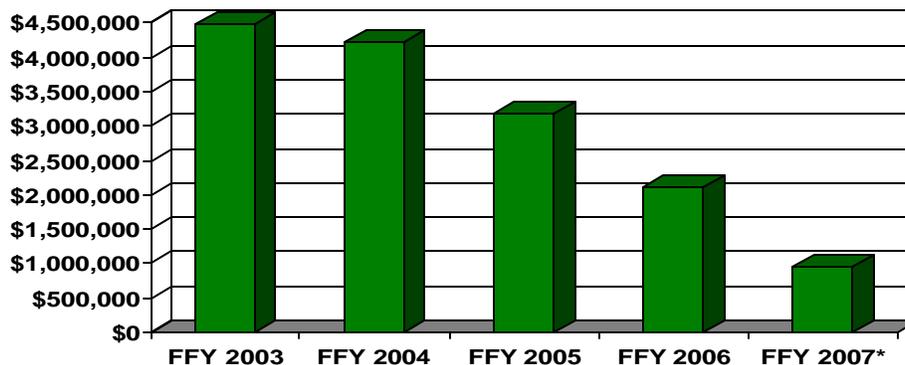
A year ago, and compared to 2004 data, the Governor's Office of Drug Control Policy projected the reduction in meth lab responses would free up an estimated \$2 million per year in law enforcement personnel, equipment and disposal costs to redirect and address other drug enforcement priorities (e.g., intercepting much larger amounts of meth smuggled into Iowa communities from Mexico and other states). This estimate was based on the rate of meth lab reduction since 2004, and it assumed no change in resources invested in drug enforcement.

Unfortunately, as Iowa's meth labs have declined, so too has the amount of Federal grant funding for Iowa's multi-jurisdictional Drug Task Forces. In fact, Federal funding available to these units now is about \$2 million less than two years ago, or about half as much. As a result of this development, the anticipated benefit of retargeting resources to better address Drug Trafficking Organizations in Iowa has not been realized.

As an example: In State FY 2005, the Governor's Office of Drug Control Policy was able to award \$4.2 million from the Federal *Byrne-Justice Assistance Grant* and *COPS Methamphetamine Enforcement Hot Spots* program to Iowa Drug Task Forces. In State FY 2007, that funding has dropped to \$2.1 million. **Over the last three Federal fiscal years, Iowa has experienced a 54% cut in Federal Byrne-JAG funding alone for Drug Task Forces and other drug control programs, resulting in approximately 68 fewer drug enforcement and other personnel (45 of them in Drug Task Forces) being supported with those grants.** Until lost resources are restored, the most optimistic outlook for results in drug enforcement is the status quo.

The charts below illustrate reductions in Federal funding for Iowa's Drug Task Forces, and the subsequent impact on level of effort.

Federal Funding for Iowa Drug Task Forces
Source: Governor's Office of Drug Control Policy

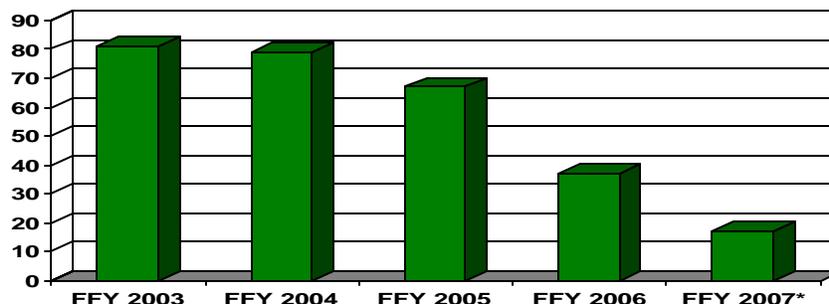


	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007*
Federal \$ for Iowa DTFs	\$4.5 million	\$4.2 million	\$3.2 million	\$2.1 million	\$961,000

*FFY 2007 is an estimate, pending final congressional action.

Iowa Drug Task Force FTEs Supported by Federal \$

Source: Governor's Office of Drug Control Policy



	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007*
DTF FTEs Supported	81	79	67	37	17

*FFY 2007 is an estimate, pending final congressional action.

Ironically, the reduction in Federal funding for Drug Task Forces coincides with a surge in crime across America, and especially in the Midwest. According to the FBI, the nation's violent crime rate increased 2.5% in 2005. However, the report says that violent crime in the Midwest jumped 5.7%, or three times as much as any other area of the country. The FBI reports that violent crime in the U.S. continued to rise—up 3.7%—during the first half of 2006.

The U.S. Department of Justice cites the spreading use of methamphetamine as a likely contributing factor to the rising crime rate, substantiating a National Association of Counties survey that found meth continues to be the number one drug problem facing American communities, and that meth-related crimes continue to grow.

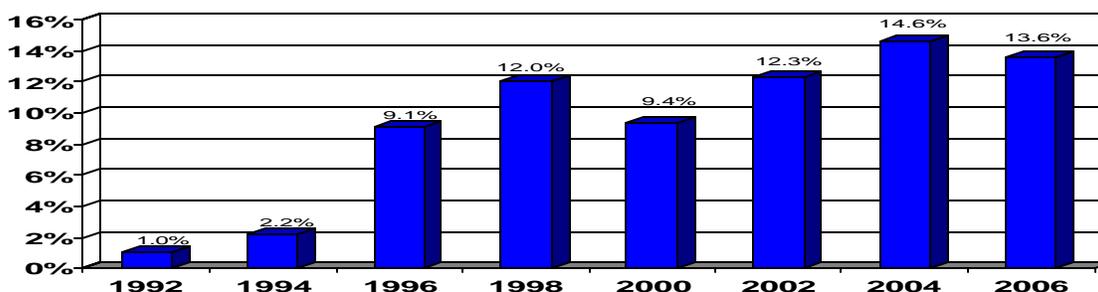
Demand for Meth Remains High

As was the case one year ago, it appears the impact of Senate File 169 on meth *use* in Iowa continues to be minimal, at best. This observation is supported by data reported earlier in this report on children exposed to meth abuse in their homes, as well as anecdotal reports by law enforcement agencies. This is an expected result, given the purpose of SF 169 was to curb labs.

The latest Substance Abuse Report System (SARS) data from the Iowa Department of Public Health, which tracks substance abuse treatment client admissions and screenings, provide further proof that **reducing the homemade supply of meth has not curbed Iowans' appetite for the powerfully addictive stimulant.**

% Iowa Adults in Treatment w/Meth as Primary Drug of Abuse

Source: Iowa Department of Public Health



The Iowa Department of Public Health data illustrated above and detailed below represent the proportion of adult clients screened or admitted for substance abuse treatment at publicly funded treatment centers statewide.

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	.5%	2.2%	44,863

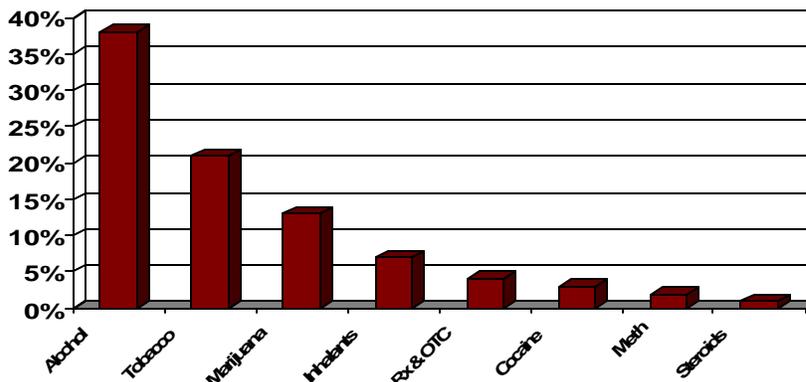
Here again, the one percent drop in primary meth users seeking treatment from the high point in 2004 to 2006 is encouraging. However, very little has changed in the form of policy or programs that would be predictive of further improvement. Since meth came on the scene in Iowa in 1992, the total number of adults screened or admitted for substance abuse treatment annually has doubled over 22,000 to nearly 45,000.

Iowa treatment providers remind us that most meth users are poly-drug users, meaning that many of the “primary” meth users also use other drugs of abuse. Similarly, some of the other types of “primary” substance abusers also use meth.

One relatively positive finding comes from the Iowa Youth Survey of 6th, 8th and 11th grade students. According to the 2005 survey, only two percent of our youth report using methamphetamine in their lifetime.

Iowa Youth Self-Reported Substance Abuse

Source: 2005 Iowa Youth Survey

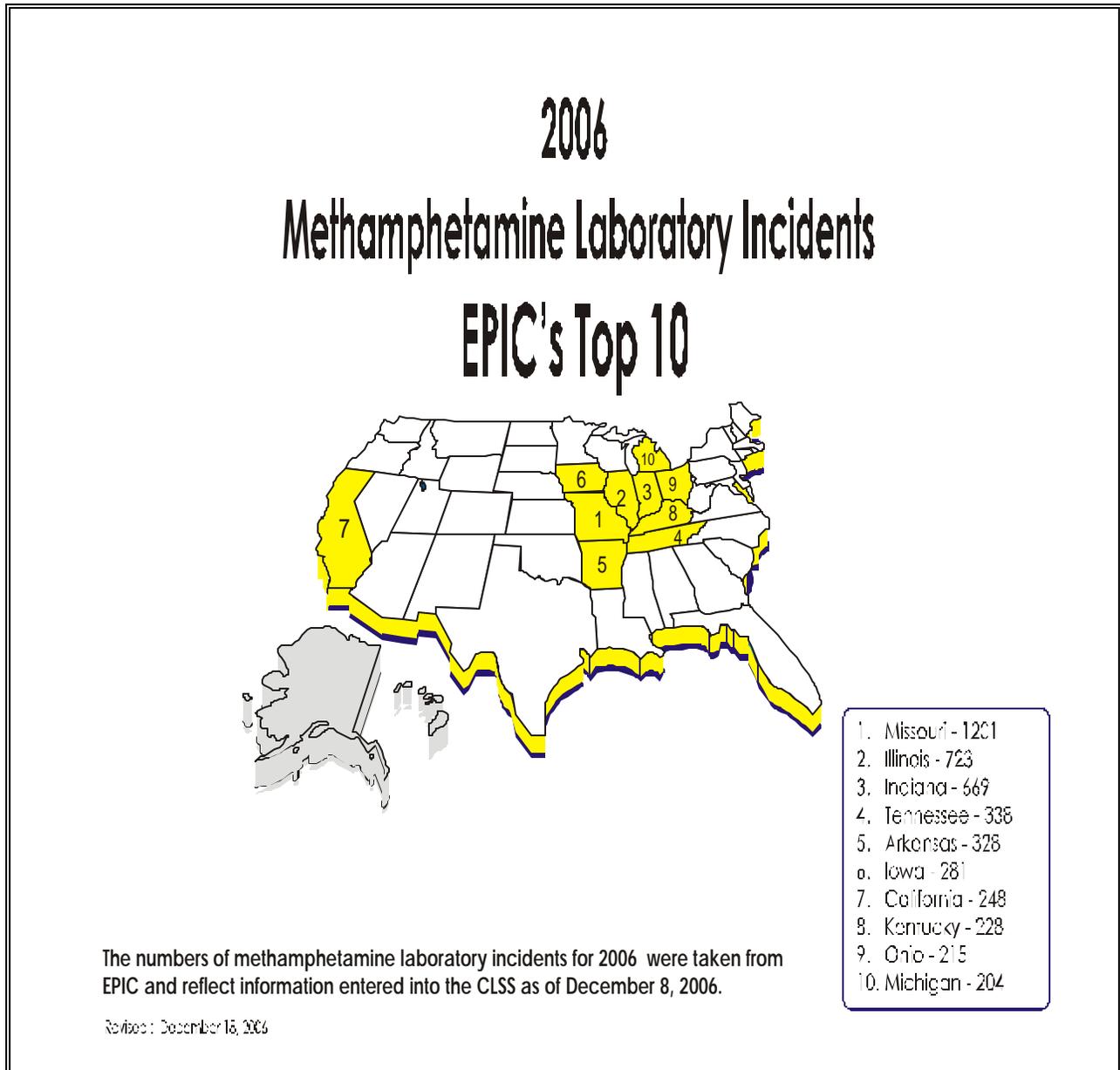


Though not directly related to SF 169, it appears meth prevention messages are getting through to the vast majority of Iowa youth. These efforts must be sustained, though they work best when they are holistic to address alcohol and other substance abuse issues (as illustrated above).

The tougher challenge is getting adults who have already begun using meth to stop. Meth treatment works, but treatment capacity must be increased to substantially improve this piece of the equation. Meth addicts rarely seek help on their own, and voluntarily stopping meth use on their own is even rarer. Until more help is available, most meth addicts will continue to use the illegal stimulant, and many of them will commit other crimes in the process of feeding their habit.

Combating Meth Across America

In 2004, Iowa's 1,500 meth lab incidents reported by the Iowa Division of Narcotics Enforcement ranked it the second highest of any State in the nation, behind only Missouri. According to recent data from the U.S. Drug Enforcement Administration's (DEA) El Paso Intelligence Center (EPIC), that dubious ranking has improved with the dramatic decline in meth labs. Still, in 2006, Iowa recorded the sixth highest number of meth lab incidents in America, according to DEA data.



The "Top 10" graphic above was prepared by the State of Missouri.

In March of 2006, the President signed into law the Federal Combat Methamphetamine Epidemic Act (CMEA). Modeled, in part, after Iowa's successful pseudoephedrine control law, the Federal statute was fully effective on September 30, 2006.

The CMEA applies where state law is less restrictive. In some states that have not dealt with meth labs yet, the CMEA is the only law on the books. In other areas (e.g., Iowa) a few of the more restrictive provisions of the CMEA have been interpreted to apply alongside State law.

Many provisions of the CMEA are more lax than the State law in Iowa, and therefore the Iowa law has been interpreted as the law of the land on those points. However, at least three provisions of the CMEA appear to be more restrictive than Iowa law, and therefore have been interpreted as superseding Iowa law and are subject to enforcement. Those provisions are:

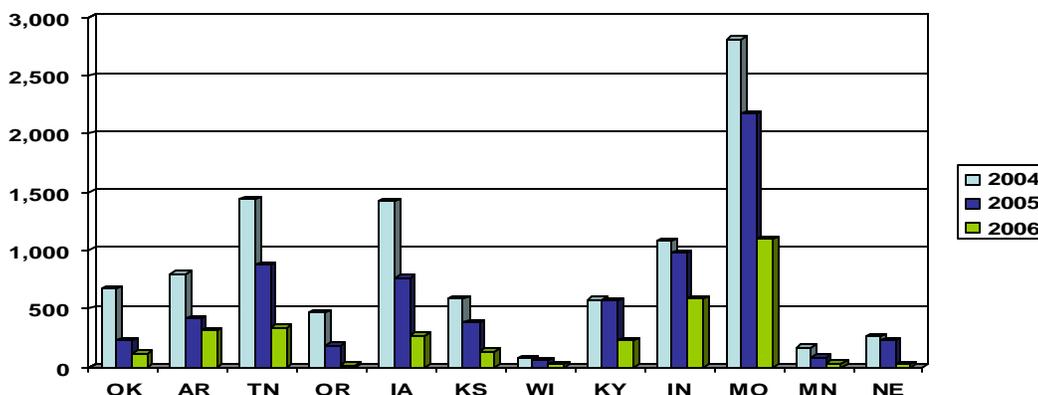
- A 3.6 gram per day limit on individual pseudoephedrine purchases (previously, Iowa law allowed you to purchase up to your 30-day limit of 7.5 grams at one time);
- Additional pseudoephedrine sales log requirements (e.g., recording product names and dates/times of sales, and retaining the log for a period of 2 years).
- A requirement that all stores representing pseudoephedrine sellers become certified by the U.S. Attorney General, following completion of a brief on-line training.

For additional information on State and Federal laws, and their possible application in Iowa, go to guidance on the ODCP web site at www.state.ia.us/odcp.

The U.S. DEA tracks all law enforcement reports of meth lab incidents in America. The DEA's preliminary total of meth labs for 2006 stands at 5,770, less than half of the 12,481 reported in 2005, and down about 67% from the 17,752 meth labs reported nationwide in 2004. The nation's downward trend in meth labs lags behind states that took initiative in 2004 and 2005 to pass their own legislation. The chart below shows the consistent decline in meth labs in proactive states, including Iowa, over the last three years.

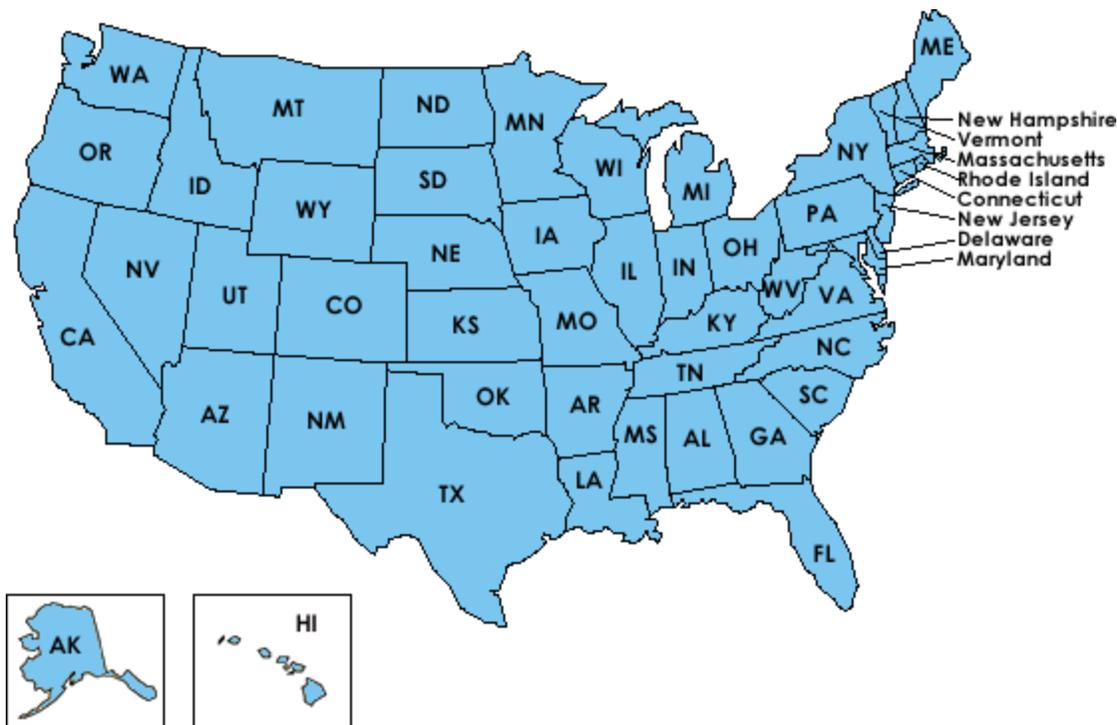
States Regulate Pseudoephedrine & Reduce Meth Labs

Source: U.S. Drug Enforcement Agency, El Paso Intelligence Center (as of December 14, 2006)



One of the newest tools for citizens is a nationwide on-line meth lab site registry. Sponsored by the DEA, this site (www.dea.gov/seizures) allows citizens to be aware of possible meth contaminated sites within their communities. As shown in the illustration below, the web site features a map of the U.S. Users simply click on the State in which they have questions about a site, and a list of meth lab sites from the previous three years is available for review.

National Clandestine Laboratory Register



- | | | | | |
|-----------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|
| Alabama | Hawaii | Michigan | North Carolina | Utah |
| Alaska | Idaho | Minnesota | North Dakota | Vermont |
| Arizona | Illinois | Mississippi | Ohio | Virginia |
| Arkansas | Indiana | Missouri | Oklahoma | Washington |
| California | Iowa | Montana | Oregon | West Virginia |
| Colorado | Kansas | Nebraska | Pennsylvania | Wisconsin |
| Connecticut | Kentucky | Nevada | Rhode Island | Wyoming |
| Delaware | Louisiana | New Hampshire | South Carolina | |
| Florida | Maine | New Jersey | South Dakota | |
| Georgia | Maryland | New Mexico | Tennessee | |
| Guam | Massachusetts | New York | Texas | |

The DEA encourages prospective home buyers or renters to ask questions of local officials before making or acting on decisions.

Conclusions & Recommended Next Steps

- SF 169 is working remarkably well to help reduce volatile meth lab incidents by nearly 78% (1,166 fewer in 2006 vs. 2004). The law has also contributed to: a decrease in meth-related child abuse cases; a drop in drug-related prison admissions; fewer meth-related injuries; and a cost savings to taxpayers for meth-related medical treatment.
- Much of the success of SF 169 is owed to law enforcement, retail and pharmacy operators, and Iowa consumers for ensuring a relatively high rate of compliance with the law, even as some meth cooks circumvent it.
- Today's meth cooks are skirting SF 169 by hopping from pharmacy to pharmacy to purchase enough pseudoephedrine to continue making meth. A statewide electronic real-time tracking/blocking system is needed to prevent illegal purchases, further reduce meth labs, and free up precious resources for other drug enforcement priorities. A national system should be pursued for maximum effectiveness.
- In light of the new Federal Combat Methamphetamine Epidemic Act (CMEA) in 2006, and for the sake of clarity, Iowa law should be aligned only to match a few Federal CMEA provisions that are more restrictive.
- Meth labs have plateaued, and not disappeared, thus continue to warrant vigilance by law enforcement and the public.
- Foreign meth is the biggest single supply source of the synthetic stimulant, increasingly in the more potent form of "ice." This is occurring as Federal grants for Drug Task Forces have been reduced and the crime rate has risen. Ample resources must be provided to local and state Drug Task Forces to effectively investigate and intercept foreign supplies of meth and other illegal drugs that are smuggled into Iowa communities.
- Effective prevention techniques appear to be having success among Iowa youth, and must be sustained to keep vulnerable children from tempting fate and starting to use meth.
- Meth treatment works, but often is not available to enough people who need it and/or for an appropriate length of time. Additional resources are needed to increase both community-based and prison drug treatment capacities, if we are to have more success in getting meth addicts to stop using the drug and exacting additional meth-related costs on society.
- SF 169 is often looked at as a "law enforcement" initiative to reduce meth labs, when in reality it's an "environmental prevention" strategy executed through policy change. This proactive approach is often overlooked in drug control efforts, in favor of more traditional responses that are just ~~that~~...a response. Additional proactive policy changes should be considered in dealing with future drug control challenges in which prevention is possible.

Respectfully submitted January 19, 2007,

Gary W. Kendell
Iowa Drug Policy Coordinator & Director, Governor's Office of Drug Control Policy